

**2017 HAWAII STATE PLAN
FOR
REFUGEE ASSISTANCE AND SERVICES**

Prepared by

Department of Labor and Industrial Relations

Office of Community Services

for

United States Department of Health and Human Services

The Office of Refugee Resettlement (ORR)

Administration for Children and Families

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1 INTRODUCTION

1.1 Purpose and Limits

This Hawaii State Refugee Assistance Plan (Plan) is submitted to the Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR) as a prerequisite for the State to receive Refugee Assistance funds under Section 414 of the Immigration and Nationality Act (INA). Provisions of services included in this Plan will be within the limits of federal funds that are made available to the State of Hawaii.

1.2 Legislative Authority

This Plan has been developed in accordance with Title IV of the INA, as amended by the Refugee Act of 1980, Public Law 96-212, and its regulations, 45 Code of Federal Regulations (CFR) Part 400. This Plan describes the Refugee Resettlement Program (RRP) administration and services made available to eligible refugees as well as all assurances that ORR requires from the State.

1.3 Program Goals

The State of Hawaii fully supports the ORR goals to promote economic self-sufficiency within the shortest practicable time after a refugee's entrance into the State. The State's RRP offers planned and coordinated support services, including cash and medical assistance, as transitional aid toward self-sufficiency. The RRP's most significant goal is to help low-income refugees and their families obtain and maintain gainful employment and attain a level of economic self-sufficiency that meets their basic needs.

2 ADMINISTRATION

2.1 Designation of Authority

Pursuant to Hawaii Revised Statutes, Chapter 371K, which establishes the Hawaii State Office of Community Services (OCS), and a letter of designation from the Governor confirming this authority (see Appendix A), OCS is the designated State agency responsible for the development of this Plan and for the administration of the RRP in accordance with 45 CFR Section 400.5.

The OCS Executive Director, as designated by the Governor, holds the title of Hawaii State Refugee Coordinator (HSRC) and has the authority and responsibility to ensure coordination of all private and public resources for refugee resettlement in the State of Hawaii.

The daily operation of the RRP is managed by a Program Specialist within OCS. This person is delegated the responsibility to develop and implement this Plan and to oversee the coordination efforts of agencies that cooperate in the resettlement of refugees.

2.2 Organization

OCS is administratively attached to the State of Hawaii Department of Labor and Industrial Relations, pursuant to Hawaii Revised Statutes §371K-2(a). As is noted above, OCS is designated by statute HRS §371K-2(a)(3) and by the Governor of Hawaii as the State agency responsible for administration of this Plan.

OCS administers the RRP within the pertinent Federal guidelines and funding constraints and the Plan. OCS is committed to providing leadership in the efficient administration of the RRP. Its goal is to provide State-level leadership and coordination of refugee programs and services to achieve successful refugee resettlement and self-sufficiency.

State agencies that work with OCS to implement the Plan are:

- Department of Health (DOH),
- Department of Human Services (DHS), and
- private non-profit agencies and community based organizations.

2.2.1 Office of Community Services (OCS)

OCS is responsible for the following:

- Developing and maintaining the State Plan as required by Federal law;
- Developing and maintaining resource materials and data on the Refugee Program;
- Preparing and submitting the trimester reports of program accomplishments required by ORR;

- Providing technical assistance to counties, refugee community-based organization (CBOs) and the public on program policy issues and Federal guidelines;
- Preparing and submitting quarterly fiscal reports required by ORR;
- Attending quarterly meeting with agencies providing refugee services and;
- Responding to all requests from governmental agencies, legislature, media and public for refugee data.

2.2.2 Department of Health (DOH)

DOH provides the following services through its Public Health Clinics:

- Assisting with initial medical, tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hansen's Disease (HD), dental, and other screening services for refugee arrivals; and
- Referring refugees in need of treatment to appropriate treatment providers.

2.2.3 Department of Human Services (DHS)

DHS is responsible for the following under a Memorandum of Agreement (MOA) with OCS:

- Determining initial and on-going eligibility of each applicant for Refugee Cash Assistance (RCA), in compliance with 45 CFR §400.66(a)(1);
- Determining cash assistance payment levels based on size of the assistance unit and income disregards, in compliance with 45 CFR §400.66(a)(2);
- Disbursing Refugee Cash Assistance (RCA) consistent with the provisions of Hawaii's Temporary Assistance for Needy Families (TANF) guidelines, in compliance with 45 CFR §400.67(a);
- Determining the eligibility of each applicant for Refugee Medical Assistance (RMA) under the Medicaid program, in compliance with 45 CFR §400.94(a);
- Providing medical assistance under the Medicaid program, in compliance with 45 CFR §400.94(c); and
- Providing quarterly reports to OCS on the number of refugees receiving Cash and Medical Assistance (CMA).

2.2.4 Private, Non-Profit Agencies

OCS contracts for refugee social services through competitively procured agreements with a private non-profit agency. For FY 2016 and FY 2017, the State has awarded the refugee social services contract to Child and Family Services (CFS), a non-profit agency in Hawaii.

The agency's functions are to:

- Provide employability services and English language training, pursuant to 45 CFR §400.154; and
- Provide other services as described in OCS contract and 45 CFR §400.155 & 156.

The private Volunteer Agency (VOLAG) is Pacific Gateway Center (PGC) of the United States Committee for Refugees and Immigrants (USCRI). PGC is responsible for providing core resettlement and coordinate health care services to newly arrived refugees as specified in the cooperative agreements with the US Department of State. Susannah Wesley Community Center also provides services to refugees and immigrants under USCRI contract.

A number of philanthropic, community based organizations also play an active role in refugee resettlement. These agencies provide services for refugees that cannot be funded with public resources. OCS coordinates its activities with these organizations.

2.3 Assurances

OCS assures that it will:

1. Comply with the provisions of Title IV of the Immigration and Nationality Act and official issuances of the Director of the Office of Refugee Resettlement, in compliance with 45 CFR (§400.5(i)(1));
2. Meet the requirements of 45 CFR Part 400, as required by 45 CFR (§400.5(i)(2));
3. Comply with all other applicable federal statutes and regulations in effect during the time that OCS is receiving grant funding (§400.5(i)(3)); and,
4. Amend the plan as needed to comply with standards, goals, and priorities established by the Director of the Office of Refugee Resettlement (§400.5 (i)(4)).

OCS assures that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion, in compliance with 45 CFR (§400.5(g)); OCS meets quarterly with PGC and other community stakeholders in discussing resources available for the refugee population in Hawaii. In addition, consultation with local affiliates of voluntary agency, local community service agencies, and other agencies that serve refugees, and state and local governments to plan and coordinate the appropriate placement of refugees in advance of their arrival occurs during the planning and coordination for refugee and human trafficking services that takes place at the bimonthly Interagency Council on Immigrants and Refugees. (45 CFR §400.5(h));

OCS will use the same mediation and conciliation procedures as those for Temporary Assistance for Needy Families (TANF) in a publicly-administered RCA program, in compliance with 45 CFR §400.83(a)(2);

OCS will use the hearings standards and procedures as set forth in 45 CFR § 400.83(b); and

OCS will assure that refugee programs and populations are included in the State pandemic influenza emergency plan and other emergency operational plans (State Letter # 09-30 and # 06-10).

3 ASSISTANCE AND SERVICES

Fundamental to the achievement of the program goals is the effective coordination of Cash and Medical Assistance (CMA) programs and Refugee Social Services.

3.1 Cash and Medical Assistance (CMA) Programs

OCS coordinates Cash and Medical Assistance (CMA) with support services to promote employment and encourage refugee economic self-sufficiency, in compliance with 45 CFR §400.5(b).

DHS implements the CMA program under a cooperative MOA with OCS. The requirements for provision of services are stipulated in the MOA. Receipt of these services shall be based on the individual's determination as a refugee or other eligible status (as provided in 45 CFR §400.43 and 45 CFR 401) and upon the applicant meeting specified program eligibility criteria. DHS refers refugees to Child and Family Services, a Hawaii private nonprofit agency, for Employment and Support Services for Refugees (ESS-R) Program. Child and Family Services provides case management, employment training, language training and other services needed in order for the refugee to achieve self-sufficiency.

Refugees are eligible for Refugee Cash Assistance (RCA) for up to eight (8) months from the date of arrival in the U.S., date of final grant of asylum for asylees, or date of certification for trafficking victims.

DHS does not provide Medical Assistance under the CMA Program. It provides medical assistance to eligible refugee applicants through MedQuest and the Children's Health Insurance Program (CHIP), in accordance with 45 CFR §400.94(a).

3.1.1 Refugee Cash Assistance

3.1.1.1 Federal Requirement

Cash assistance is provided to eligible refugees, during the first eight months of residency in the United States. Eligible refugees may also receive Supplemental Nutrition Assistance Program (SNAP) program benefits. Eligibility is determined for refugees according to the same tests and standards as those that apply to non-refugees.

In administering the RCA program, DHS operates the RCA consistent with the provisions of its TANF program in regard to:

- The determination of initial and on-going eligibility treatment of income and resources, budgeting methods, and need standards, in compliance with 45 CFR §400.66(a)(1);
- The determination of benefit amounts is based on the size of the refugee family unit that is being assisted, and certain income is disregarded, in compliance with 45 CFR § 400.66(a)(2);

- The TANF program provides for block grant payments to refugees that are intended to cover basic needs such as shelter, utilities, and similar needs. Therefore, a “separate proration” is not calculated (45 CFR §400.66(a)(3));
- Any other State TANF rules relating to financial eligibility and payments, in compliance with 45 CFR § 400.66(a)(4);

The State does NOT consider the following:

- Any resources remaining in the applicant's country of origin in determining income eligibility, in compliance with 45 CFR §400.66(b);
- A sponsor's income or resources to be accessible to a refugee solely because the person is serving as a sponsor, in compliance with 45 CFR §400.66(c);
- Any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement programs, in compliance with 45 CFR § 400.66(d);
- The State will use the refugee’s date of application as the date that refugee cash assistance begins in order to provide payments quickly to newly arrived refugees, in compliance with 45 CFR §400.66(e);
- The State will promptly notify the local resettlement agency that provided for the initial resettlement of a refugee, whenever the refugee applies for refugee cash assistance under a publicly-administered RCA program, in compliance with 45 CFR §400.68(a);
- DHS will contact the resettlement agencies concerning the refugee’s RCA applications for assistance and inquire whether the applicant has voluntarily quit employment or has refused to accept an offer of employment within 30 consecutive days immediately prior to the date of application, as required by 45 CFR §400.68(b);
- Pursuant to 45 CFR § 400.76, refugee is exempt from ORR requirements for registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment if that refugee meets the exemption criteria codified in HAR 17-661-18;
- The State meets the requirements regarding Limited English Proficient (LEP) Guidance and Language Materials. Translation of written policies, notices, and determinations in refugee status will be provided to recipients, as required by 45 CFR §400.55. (see Appendix D)

3.1.1.2 RCA Program Administration

- RCA eligibility and benefits distribution is done by TANF office staff at DHS, in compliance with (SL # 12-13, SL # 13-03)
- All the Eligibility Workers' (EW) administrative costs are allocated base on the result of an approved Hawaii Random Moment Study (HIRMS). The survey responses are used to

allocate and fund the EW positions. The survey asks what the EW is doing and whether the task is program related. A task is considered program related if the worker is processing a certain program case, working with a client, or attending a training that is program related. All program related tasks are then allocated based on what program they were working on at the time of the survey. Thus, DHS does not have administrative costs charges even though it has cash assistance benefits/payment to RCA.

- State does not charge CMA an indirect cost rate since administration cost is based on actual time spent on the program.
- See Table below for TANF and RCA payment standards for case sizes 1-5.

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective April 01, 2014)													
HH SIZE	SON	TANF/ GA Ref	TANF -20%	GA	ABD	HH SIZE	SON	TANF	TANF -20%	HH SIZE	SON	TANF	TANF -20%
1	939	450	360	348	348	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	469	469	7	2894	1389	1111	12	4523	2171	1736
3	1590	763	610			8	3220	1545	1236	13	4849	2327	1862
4	1916	919	735			9	3545	1701	1361	14	5175	2484	1987
5	2242	1076	860			10	3871	1858	1486	15	5500	2640	2112
										15+	+326		

3.1.2 Refugee Medical Assistance

DHS provides medical assistance to eligible refugee applicants through MedQuest and the Children's Health Insurance Program (CHIP), in accordance with 45 CFR §400.94(a). In accordance with HAR 17-1723.2-10, ineligibility for Medicaid and CHIP is determined before eligibility for RMA. RMA eligibility standards are in accordance with 45 CFR 400.101(a)(2) and 400.101(b)(2), including using 200 percent of poverty option.

The regulations of DHS for medical screening and services to refugees are codified as Hawaii Administrative Rules §§17-1723.2 (see Appendix C).

Whether a refugee has been denied or terminated from RCA is not used as criterion for determining if an applicant is ineligible for RMA (§400.100(c)).

Refugee applicants, after a designated period of time, are considered non-refugees for CMA purposes, but such time-expired refugees have access to programs as non-refugee residents of the State.

Pursuant to 45 CFR §400.51(b), refugee applicants and recipients of CMA who are 65 years of age or older or who have been or will be disabled or blind for at least 12 months may be referred to the Social Security Administration to apply for Social Security Income (SSI) benefits. Those who receive SSI benefits and services are not eligible for refugee benefits and services.

Any funds that the refugee is receiving pursuant to Reception and Placement (R&P), Match Grants (MG) or RCA assistance are not counted as income or assets on the date of the refugee's application for CMA (45 CFR §400.102(c)).

In the CMA program, the Benefit, Employment and Support Services Division (BESSD) of DHS monitors the service as it deems necessary as part of its designated quality control responsibility.

3.1.3 Refugee Medical Screening Program

The State does not receive reimbursements for the screening under RMA.

However, once the State made aware by resettlement agencies or other sources of the presence of a person who may be eligible for refugee services, the State ascertains whether the person is an eligible refugee by examining the person's I-94, I-151, or I-155 documentation and making such additional inquiries as may be appropriate. DHS conducts this identification and qualification process pursuant to regulations codified as Hawaii Administrative Rules §§17-661-6 through-20 (see Appendix B).

The State then provides initial medical screening (including vision and dental screening) to newly arrived eligible refugees through the existing system of public health clinics and the State's Department of Health (DOH) programs. The screening and services are equivalent to those available to the eligible general public. The United States Public Health Service (PHS) or DHS may determine that eligible recipients may need additional services, leading to one or more of the following:

- Public Health Nursing and/or Bilingual Health Services for general orientation to community health services;
- Disease Investigation if active communicable disease history is indicated;
- Observation, prevention measures, and/or treatment for Tuberculosis (TB), Sexually Transmitted Diseases (STDs)/Human immunodeficiency virus (HIV), and Hansen's Disease (HD), if screening and/or services indicate such a need;
- Other DOH program referral will be given as appropriate.

Once the screenings are completed, medical services that require specific treatments will be followed up with the appropriate state or community agency. Other treatment may be sought through MedQuest, the State's Medicaid program, and/or any local public health clinic or health care provider in the community.

While the medical screening currently provided to refugees by DOH is adequate, it has not been formally approved by the Director of ORR pursuant to 45 CFR §400.107.

3.2 Refugee Social Services

OCS provides social services to refugees. OCS procures Employment and Support Services for

Refugees (ESS-R) through a competitive process and enters into a contract with the selected provider, a Hawaii private nonprofit agency.

The contract between the State and the selected provider ensures that the social services provided to the refugee population is in compliance with 45 CFR §400.154 and §400.155.

3.2.1 Refugee Employment and Support Services Program

OCS procures Employment and Support Services for Refugees (ESS-R) through a competitive process and enters into a contract with the selected provider. Presently, the contract for ESS-R is with Child and Family Services (CFS), a Hawaii private nonprofit agency. This contract has been in effect since October 1, 2015 and expires on September 30, 2016. If funds are made available to Hawaii in the future, proposals will be solicited and a new contract awarded.

Eligibility for ESS-R is limited to refugees who have been in the United States 60 months or less (45 CFR §400.154). In compliance with 45 CFR §400.147, priority for participation in ESS services is as follows:

- 1) all newly arriving refugees during their first year in the United States who apply for services;
- 2) refugees receiving cash assistance;
- 3) unemployed refugees who are not receiving cash assistance; and
- 4) employed refugees in need of services to retain employment or attain economic independence.

Refugees are eligible for employment and support services for up to five (5) years.

Other eligible populations to receive services are persons who have been granted asylum, Cuban and Haitian entrants, certain Amerasians from Vietnam who are admitted to the United States as immigrants, and victims of severe forms of human trafficking who have received certification, eligibility or interim assistance letters from the ORR, and Iraqi and Afghan Special Immigrants (45 CFR §400.43).

Services provided to refugees include:

- Client Intake Services;
- Support Services;
- Employment Services;
- English as a Second Language Training;

- Coordination of On-the-Job Training;
- Coordination of Vocational Training; and
- Other Employment-related Services (child care, counseling referrals, transportation, etc.).

The selected nonprofit agency endeavors to ensure that refugees receive the maximum benefit and maximum results from services provided during the time-limited service eligibility period. In accordance with 45 CFS § 400.156, the services are provided:

- In a manner that is linguistically and culturally compatible to all refugees,
- Include the use of bilingual women on service agency staffs to ensure adequate access to services by refugee women; and
- Include English language instruction provided in a concurrent, rather than sequential, time period with employment-related services.

ESS-R's Job Development and Placement services include the following activities:

- Developing job opportunities based on the skill and language capabilities of the refugees and the labor market demands;
- Placement of refugees in appropriate job openings; and
- Assisting refugees in job search and in maintaining employment.

Employability services are not available to refugees who have been in the United States for more than 60 months, however these refugees are eligible for citizenship and naturalization preparation services and referral and interpreter services, in accordance with 45 CFR (§400.154). RSS funds will not be used to cover the citizenship and naturalization application fees.

The Hawaii State Refugee Coordinator (HSRC) is responsible for developing the Contract with the selected nonprofit agency. The HSRC monitors the contractual agreements according to ORR regulations. The program monitoring includes review of the general performance of the service provider and the services provided to the individual refugees, including review of their employability plans, family self-sufficiency plans, and other parts of their case records. The annual monitoring includes project site visits. OCS provides technical assistance to advise the selected nonprofit agency and other partnership agencies regarding federal regulations as needed.

3.3 Cuban/Haitian Entrant Program

According to Hawaii DHS's Hawaii Administrative Rule (HAR) 17-1723.2-10(2)D, Cuban or Haitian Entrants are eligible to receive, with proper documents from USCIS, medical assistance from the RMA program. However, HAR 17-661-8 excludes Cuban or Haitian Entrants from the eligible recipients of Refugee Resettlement Program.

OCS is currently working with DHS to resolve this discrepancy in the HAR regarding eligibility. Despite of this discrepancy, Cuba/Haitian Entrants are still being served in the same manner as are all other refugees in the State.

3.4 Unaccompanied Refugee Children

OCS does not operate an Unaccompanied Refugee Minor Program.

3.5 HUMAN TRAFFICKING ELIGIBILITY AND SERVICES

3.5.1 Certifications and Eligibility Letters

Pursuant to the Trafficking Victims Protection Act 2000, adult victims of severe forms of trafficking who have been certified by HHS are eligible for benefits to the same extent as refugees. When preparing a certification, ORR reviews whether the individual has been subjected to a severe form of trafficking and whether she or he meets the two certification requirements, which are listed below. In the Act, the term "severe forms of trafficking in persons" means (§103(8)):

- sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

The U.S. Department of Health and Human Services (HHS), after consultation with the Attorney General, may certify a victim of a severe form of trafficking who (§107(b)(1)(E)):

- is willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking in persons; and
- has made a bona fide application for a visa under section 101(a)(15)(T) of the Immigration and Nationality Act that has not been denied; or
- is a person whose continued presence in the United States the Attorney General is ensuring in order to effectuate prosecution of traffickers in persons.

Certification grants adult foreign victims of human trafficking access to federal benefits and services to the same extent as refugees. Children under 18 years of age who have been subjected to a severe form of trafficking do not need to be certified in order to receive benefits. For the purposes of benefits eligibility, the Act defines a minor victim of a severe form of trafficking as a person who has been subjected to a severe form of trafficking (see the definition above from the Act §103(8)) and who has not attained 18 years of age. ORR will issue letters, which will be similar to the adult certification letters, stating that a child is a victim of a severe form of trafficking (section 3.5.3). Benefit-granting agencies will not need to evaluate whether a child has been subjected to a severe form of trafficking.

Trafficking victims who are U.S. citizens or Lawful Permanent Residents (LPR) do not need Certification or Letters of Eligibility to be eligible for similar benefits and services.

3.5.2 Services for Human Trafficking Victims

Services for certified human trafficking victims are provided through the ESS funded by the ORR.

Services for pre-certified human trafficking victims are provided through the Comprehensive Services for Human Trafficking Victims Program (CSHTV), funded by the Department of Justice (DOJ), Office of Victims of Crime (OVC).

OCS partners with local non-profit agencies to provide direct services through CSHTV:

- Susannah Wesley Community Center for service coordination, case management and mental health services;
- Legal Aid Society of Hawaii for legal services as well as training and outreach;
- Pacific Survivor Center for medical and dental services, and training for medical professionals.

3.5.3 Certification Process

The following outlines the processes and eligibilities for pre- and certified human trafficking victims. Persons who are pre-certified as potentially being classified as human trafficking victims will be eligible for emergency and other services indicated below. Certified victims have documented trafficking status and are eligible for refugee services.

3.5.3.1 Seeking Certification

Once a human trafficking victim is identified, he or she will seek certification through either Continued Presence (CP) or a T-visa.

Continued Presence (CP). According to the U.S. Department of Homeland Security, CP is a temporary immigration status provided to individuals identified by law enforcement as victims of

human trafficking. This status allows victims of human trafficking to remain in the United States temporarily during the ongoing investigation into the human trafficking-related crimes committed against them. Federal law enforcement officials, primarily from Immigration and Customs Enforcement (ICE) and the FBI as well as federal prosecutors from U.S. Attorney's Offices within the DOJ, are authorized to submit CP applications. An application for CP should be initiated immediately upon identification of a victim of human trafficking. All CP applications are submitted to the ICE Law Enforcement Parole Branch (LEPB).

CP is granted for one (1) year and may be renewed in one (1) year increments.

T-Visa. Under the Trafficking Victims Protection Act of 2000, the T-visa was established to allow victims of severe forms of trafficking to become temporary residents of the U.S. The Act recognizes that returning victims to their country of origin is often not in the best interests of victims, and that victims may need the opportunity to rebuild their lives without facing the threat of deportation. A recipient of a T-visa, after three years, may be eligible for permanent residence status if he/she meets the certain conditions set by the U.S. Department of Homeland Security.

3.5.3.2 Pre-Certification Services

Services are available through OCS to trafficking victims even before certification by HHS. Persons who will potentially become certified as trafficking victims are eligible for emergency services during the certification period. In this period, a person who may become certified as a trafficking victim will be provided public benefits and services subject to availability of resources at the discretion of the resettlement agency.

3.5.3.3 Post-Certification Period

Individuals to whom the U.S. Department of Human and Health Services has issued a Certification Letter are eligible for the same services as refugees. Employment and support services are provided for the purpose of human trafficking victims achieving self-sufficiency.



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

June 19, 2015

Mr. Bob Carey, Director
Office of Refugee Resettlement
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade S.W.
Washington, D.C. 20447-0001

SUBJECT: Designation of State of Hawaii's Lead Agency and Personal Responsible for
Coordinating Public and Private Services for Refugee Resettlement

Dear Mr. Carey:

This letter is to confirm that, as Governor of the State of Hawaii, I have designated the Office of Community Services of the State of Hawaii as the lead State agency for the administration for refugee resettlement and other immigrant services. I intend for this designation to continue until such time as it may be modified or withdrawn in writing by me or a successor governor.

The federal statutory authorization for programs for domestic resettlement of and assistance to refugees, 8 USC §1522, requires "the designation of an individual, employed by the State, who will be responsible for insuring coordination of public and private resources in refugee resettlement." As such, Ms. Rona M. Suzuki, Executive Director of the Office of Community Services, will serve as the State lead. Her contact information is provided below:

Ms. Rona M. Suzuki, Executive Director
Office of Community Services
Department of Labor and Industrial Relations
State of Hawaii
830 Punchbowl Street, Room 420
Honolulu, Hawaii 96813
Telephone: 808-586-8675
Email: rona.m.suzuki@hawaii.gov

Thank you very much for your attention to and assistance with this matter.

With warmest regards,

A handwritten signature in black ink, appearing to read "David Y. Ige", written over a horizontal line.

DAVID Y. IGE
Governor, State of Hawai'i

HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 6 FAMILY AND ADULT SERVICES DIVISION

CHAPTER 661

REFUGEE RESETTLEMENT, REPATRIATE, AND STATE
LEGALIZATION IMPACT ASSISTANCE GRANT (SLIAG) PROGRAMS

Subchapter 1 General Provisions

- §17-661-1 Purpose
- §17-661-2 Definitions
- §17-661-3 Administrative hearings
- §§17-661-4 to 17-661-5 (Reserved)

Subchapter 2 Refugee Resettlement Program

- §17-661-6 Purpose
- §17-661-7 Definitions
- §17-661-8 Exclusions from the definition of refugee
- §17-661-9 Identification of a refugee
- §17-661-10 Sponsor contact
- §17-661-11 Eligibility for RCA
- §17-661-12 Eligibility for RMA
- §17-661-13 Relationship to supplemental security
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- §17-661-14 Records
- §17-661-15 Redetermination of eligibility
- §17-661-16 Employment requirements for RCA
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- §17-661-18 Appropriate employment and training
criteria for RCA
- §17-661-19 RCA Employment and training exemptions
- §17-661-20 RCA Employment and training sanctions
- §17-661-21 Four months extended medical assistance
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Subchapter 3 Repatriate Program

- §17-661-26 Purpose

§17-661-27 Definitions
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§17-661-29 Scope of service
§17-661-30 Financial assistance
§17-661-31 Termination of payment
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Subchapter 4 SLIAG Program

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§17-661-37 Eligible individuals
§17-661-38 Program requirements

Historical Note: This chapter is based substantially upon §17-619-5 [Eff 7/19/82; am 5/23/83; am 4/20/85; am 1/28/88; am 12/16/88; am 12/27/90; R 3/19/93] chapter 17-639 [Eff 7/19/82; am 10/20/82; am 5/23/83; am 11/12/83; am 5/10/84; am 8/12/85; am 12/1/85; am 5/5/86; R 3/19/93] chapter 17-644 [Eff 4/20/85; am 10/23/87; R 3/19/93] §§17-752-1, 17-752-2, 17-752-3, 17-752-4, 17-752-5, 17-752-6, 17-752-7, 17-752-8, 17-752-9 [Eff 7/19/82; am 12/17/82; am 8/20/83; am 3/30/84; am 5/5/86; R 3/19/93]

SUBCHAPTER 1

GENERAL PROVISIONS

§17-661-1 Purpose. The purpose of this chapter is to establish the financial assistance requirements for eligibility and participation in the refugee resettlement, repatriate, and state legalization impact assistance grant (SLIAG) programs. [Eff 3/19/93; am 8/1/94] (Auth: HRS §346-14) (Imp: HRS §§346-14, 346-53)

§17-661-2 Definitions. As used in this chapter:
"Administrative hearing" means an administrative proceeding which affords an aggrieved person an opportunity to present an appeal before the department's hearing officer.

"Assistance unit" means persons whose needs, income, and assets are considered in determining

eligibility for financial assistance and the amount of financial assistance.

"Caretaker relative" means a relative who provides care and supervision to children.

"Categorical relatedness" means requirements which an individual shall meet in order to be eligible for assistance for a specific program. [Eff 3/19/93; am 8/1/94] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-661-3 Administrative hearings. (a) The procedures for administrative hearings specified in chapter 17-602.1 shall apply.

(b) Recipients of assistance under the repatriate program are not eligible to receive aid pending a hearing decision. [Eff 3/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211.6, 211.7, 212.4, 400.23)

§17-661-4 to 17-661-5 (Reserved)

SUBCHAPTER 2

REFUGEE RESETTLEMENT PROGRAM

§17-661-6 Purpose. The purpose of this subchapter is to establish the financial assistance requirements for eligibility and participation in the refugee resettlement program. [Eff 3/19/93; am 8/1/94] (Auth: HRS §346-14) (Imp: HRS §§346-14, 346-56)

§17-661-7 Definitions. As used in this subchapter:

"Full-time training" means that the refugee is enrolled in at least thirty hours of training in a program as part of an employability plan approved by the service agency which has been approved by the department.

"Refugee" means a person who is outside of the country of the person's nationality or last place of habitual residence, is unable or unwilling to use the protection of that country because of persecution or a

well founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, has been admitted into the United States by the Immigration and Naturalization Service (INS) as a refugee and, if a dependent of a repatriated United States citizen, has been in the United States for more than ninety days.

"Refugee cash assistance (RCA)" means cash assistance provided to refugees who are ineligible for AFDC or SSI and who have resided in the United States for less than a specified period of time from their initial entry into the country. Effective October 1, 1991, the specified period of time shall be eight months and may be increased or decreased, subject to the availability of federal funds, by the Office of Refugee Resettlement.

"Refugee resettlement program" means the federally funded program, established by section 412(a)(9), Immigration and Nationality Act (8 U.S.C. §1522(a)(9)), for the resettlement of refugees in the United States.

"Repatriated United States citizen" means an individual who has reestablished residence in the United States.

"Service agency" means an agency providing employment services funded under the refugee resettlement program.

"Sponsor" means any person or agency who has assumed the responsibility for assisting a refugee resettle into a community.

"State employment service" means the employment service of the state department of labor and industrial relations.

"Voluntary resettlement agency" means a private, nonprofit organization contracted by the federal government to provide initial resettlement services to refugees. [Eff 3/19/93; am 8/1/94] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56; 45 C.F.R. §400.2)

§17-661-8 Exclusions from the definition of refugee. Excluded from the status of a refugee shall be:

- (1) Dependents of repatriated United States citizens who:

- (A) Have been in the United States for ninety days or less; and
- (B) Have one of the following specified relationships to the repatriated citizens:
 - (i) Spouse;
 - (ii) Parents;
 - (iii) Grandparents;
 - (iv) Unmarried minor child, including an adopted child or stepchild;
 - (v) Unmarried adult child, including an adopted child or stepchild, who is dependent because of a handicap;
 - (vi) Spouse's parents;
 - (vii) Spouse's grandparents; or
 - (viii) Minor siblings of the repatriated citizen or the citizen's spouse;
- (2) Individuals from Cuba who:
 - (A) Entered the United States before October 1, 1978, and are registered with the United States Cuban refugee center in Miami, Florida; or
 - (B) Have been admitted into the United States with the INS status of "applicant for asylum" or "Cuban entrant";
- (3) Individuals from Haiti who are admitted into the United States with the INS status of "Haitian entrant"; or
- (4) Any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion. [Eff 3/19/93] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56; 8 U.S.C. §1101(a)(42))

§17-661-9 Identification of a refugee. Refugees shall possess an INS form I-94 or INS form I-151 or I-551.

- (1) The individual who began receiving financial assistance under the refugee resettlement program prior to October 15, 1980, shall possess:

- (A) INS form I-94 with the status of "conditional entrant", "paroled", or "voluntary departure"; or
 - (B) INS form I-151 or I-551, admitted to the United States with permanent resident status on or after April 8, 1975, or has attained permanent resident as a result of an adjustment of status under Pub. L. No. 95-145.
- (2) The individual who is an applicant or recipient of refugee resettlement assistance on or after October 15, 1980, and possesses:
- (A) INS form I-94 indicating that the individual has been admitted or paroled as a refugee or asylee if the form was issued:
 - (i) To a person from Cambodia, Laos, or Vietnam on or after June 1, 1980;
 - (ii) To a person from Cuba on or after October 1, 1978; or
 - (iii) To a person from any other country at any time;
 - (B) INS form I-94 indicating that the individual has been admitted as a conditional entrant. The "conditional entrant" status shall not be related to the "entrant" status granted Cubans and Haitians, who are not eligible under the refugee resettlement program; or
 - (C) INS form I-151 or I-551, identifying the individual as a resident alien. In addition, the person shall also have sufficient documentation to substantiate that one of the statuses indicated in subparagraphs (A) or (B) was held prior to adjustment of the person's status to that of resident alien. [Eff 3/19/93] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56)

§17-661-10 Sponsor contact. (a) The department shall notify the voluntary resettlement agency or local

affiliate which provided for the initial resettlement of the refugee when a refugee applies for assistance.

(b) The department shall contact the refugee's sponsor or resettlement agency to determine what assistance is being provided the refugee and whether the refugee requesting financial assistance has refused an offer of employment or has voluntarily quit a job without good cause.

(1) A telephone contact with the sponsor or resettlement agency shall be acceptable when a personal contact is not possible; and

(2) Information obtained shall be recorded in the case record.

(c) The income and resources of sponsors shall not be considered in determining the refugee's eligibility.

(d) In order to meet an emergency need, the requirement for verification with the sponsor or resettlement agency shall be temporarily waived when it is not possible to reach the sponsor or resettlement agency.

(1) The procedures for emergency processing of financial assistance shall apply; and

(2) For financial assistance, the necessary verification shall be obtained before any subsequent payment is made. [Eff 3/19/93; am 8/1/94] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56; 45 C.F.R. §§400.55, 400.93)

§17-661-11 Eligibility for RCA. (a) Refugee families who qualify for AFDC shall be categorized as state funded AFDC (AFDC-S):

(1) The eligibility requirements and conditions of the AFDC program shall apply;

(2) Income and assets remaining in the refugee's country of origin shall not be considered available; and

(3) These families shall be considered eligible for RCA.

(b) Refugee applicants and recipients who do not qualify for AFDC shall be processed for RCA without regard to categorical relatedness;

- (1) The refugee shall be classified under the general assistance (GA) or state aged, blind, or disabled (AABD) program, as appropriate;
- (2) The budgeting of income and assets shall be in accordance with the state's AFDC need standard; and
- (3) Income and assets remaining in the refugee's country of origin shall not be considered available.

(c) Effective March 1, 1986, a refugee who meets the eligibility criteria of the refugee resettlement program shall be eligible for RCA. The amount and duration of assistance shall not exceed the maximum amount which the State is permitted to claim as reimbursement from the Office of Refugee Resettlement.

(d) Children born in the United States of refugee parents are eligible for RCA from the date of the most recently arrived parent or the date of the child's birth, whichever occurs first.

(e) Refugees who are full-time students in institutions of higher education shall not be eligible for RCA, except where enrollment is approved as part of an employability plan. [Eff 3/19/93; am 7/16/99]
(Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56; 8 U.S.C. §1522(e); 45 C.F.R. §400.60)

§17-661-12 Repealed. [R 8/1/94]

§17-661-13 Relationship to supplemental security income. (a) All refugee recipients under the refugee resettlement program who are sixty-five years of age or older, or who are blind or disabled shall be referred to the Social Security Administration to apply for Supplemental Security Income (SSI) benefits.

(b) State supplemental assistance to refugee SSI recipients shall be provided according to state standards. [Eff 3/19/93] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56)

§17-661-14 Records. The following information shall be entered in the case record of each refugee:

- (1) The name and address of the sponsor;

- (2) The name of the national voluntary resettlement agency which resettled the refugee. If a refugee was not resettled by a voluntary resettlement agency, this information shall be recorded in the case file; and
- (3) The passport or alien registration number on the form I-94. [Eff 3/19/93] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56)

§17-661-15 Redetermination of eligibility. (a) The provisions of Chapter 17-648 relating to redetermination of eligibility shall apply.

(b) Eligibility for RCA shall be redetermined not less frequently than every twelve months.

(c) The department shall contact the refugee's sponsor or resettlement agency to determine what assistance the sponsor or resettlement agency is providing and whether the refugee receiving RCA has refused an offer of employment or has voluntarily quit a job without good cause. [Eff 3/19/93; am 8/1/94] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56; 45 C.F.R. §400.64)

§17-661-16 Employment requirements for RCA. (a) As a condition for receipt of RCA under the refugee resettlement program, a refugee shall register with an appropriate service agency approved by the state, unless exempt under section 17-661-19. If there is no service agency approved by the state, the refugee shall register with the state employment service.

(b) The employable refugee shall not, during thirty consecutive calendar days immediately prior to the application for assistance have voluntarily quit employment or have refused to apply for or accept an appropriate offer of employment.

(c) The dependents of an ineligible applicant may apply for and receive RCA if the dependents otherwise meet eligibility requirements.

(d) While receiving RCA, the employable refugee shall be disqualified when:

- (1) The refugee voluntarily quit employment for the purpose of receiving assistance; or

- (2) The refugee refused to apply for or complete the application or appraisal process with the state employment service or service agency approved by the state; or
- (3) The state employment service or service agency approved by the state determines that the employable refugee has refused to apply for or accept an appropriate offer of employment, or refused to participate in employment related training. [Eff 3/19/93] (Auth: HRS §346-14) (Imp: HRS §346-56; 8 U.S.C. §1522; 45 C.F.R. §§400.75, 400.76, 400.77)

§17-661-17 Training requirements for RCA. (a) As a condition for continued receipt of RCA, the refugee who is unemployed or employed less than one hundred hours per month, shall be required to participate in training such as English language or skill training, if available, and if determined appropriate by the service agency approved by the state.

(b) The refugee who is employed one hundred or more hours per month, shall be encouraged to participate in part-time English language or skill training. [Eff 3/19/93] (Auth: HRS §346-14) (Imp: HRS §346-56; 45 C.F.R. §400.75)

§17-661-18 Appropriate employment and training criteria for RCA. (a) The determination of appropriate work or training for the RCA refugee shall be made by the state employment service or the service agency approved by the state.

(b) The work or training site to which the individual is assigned shall not be in violation of applicable federal, state, and county health and safety standards.

(c) Assignments shall not be made which are discriminatory in terms of age, sex, race, creed, color, or national origin.

(d) The total commuting time to and from a work or training site to which the individual is assigned shall not normally exceed two hours, not including the

transporting of a child to and from a child care facility. A longer commuting distance and time may generally be accepted in the community, in which case the round-trip commuting time shall not exceed the generally accepted community standards.

(e) Full-time attendance in a college program for a person aged eighteen or over shall be considered appropriate training for an individual provided:

- (1) The individual is a professional in need of professional refresher training and other recertification services to qualify to practice his or her profession in the United States: and
- (2) The training:
 - (A) Is approved as part of the individual's employability plan by the state agency;
 - (B) Does not exceed the specified time period to receive RCA benefits;
 - (C) Is specifically intended to assist the professional in becoming relicensed in his or her profession; and
 - (D) If completed, can realistically be expected to result in such relicensing.

(f) A refugee of any age who is otherwise eligible shall not be denied RCA while enrolled and participating in a full-time training program which has a definite short-term, less than one year employment objective, which is part of an employability plan approved by the service agency approved by the department.

(g) When child care is required during the hours the individual is in training, or is in English language instruction, or when child care is required for additional commuting time, a referral for assistance shall be made by the eligibility worker to the department's social service section.

(h) The individual's claim of adverse effect of a job or training assignment on the individual's physical or mental health shall be based upon medical verification from a physician or certified psychologist that participation would impair the individual's physical or mental health. [Eff 3/19/93] (Auth: HRS §346-14) (Imp: 45 C.F.R. §400.81)

§17-661-19 RCA employment and training exemptions. (a) A refugee shall be considered employable unless one of the following exemptions applies:

- (1) The individual is under age sixteen, or under age eighteen and is a full-time student as specified in chapter 17-656;
- (2) The individual is age eighteen and is:
 - (A) A full-time student in a secondary school or in the equivalent level of vocational or technical training, as specified in chapter 17-656, and is reasonably expected to complete the program before reaching age nineteen; or
 - (B) Enrolled full-time in training as part of an employability plan approved by the service agency approved by the department;
- (3) A person is ill, incapacitated, or over age sixty-five. The incapacity shall be verified through a written medical, psychological, or psychiatric report showing the limitations and the estimated period of incapacity;
- (4) A person whose presence in the home is required because of illness or incapacity of another member of the household;
- (5) A mother or other caretaker of a child under the age of six who is caring for the child; or
- (6) A mother or other caretaker of a child, when the nonexempt father or other nonexempt adult relative in the house is registered and has not refused to accept employment without good cause.

(b) A refugee shall not be exempt from accepting employment because of part-time participation in training under an approved employability plan by the service agency approved by the department.

(c) Inability to communicate in English shall not make the refugee unemployable. [Eff 03/19/93] (Auth: HRS §§346-14, 346-56) (Imp: HRS §346-56, 45 C.F.R. §400.76)

§17-661-20 RCA employment and training sanctions.

(a) Upon refusal by an employable refugee recipient to comply with the employment requirements of section 17-661-16 the department shall:

- (1) Provide a timely and adequate notice as provided in chapter 17-649; (2) Provide a conciliation period prior to the imposition of a sanction within the following time-limitations:
 - (A) No later than ten days following the date of failure or refusal to participate; and
 - (B) Complete conciliation within a thirty day period; or
 - (C) Terminate conciliation within the thirty day period when either the department or the recipient believes that the dispute cannot be resolved by conciliation;
- (3) Terminate assistance for the refugee refusing to comply with the employment and training requirements after the conciliation period specified in paragraph (2) and following timely and adequate notice standards as identified in chapter 17-649 and hearing requirements as described in chapter 17-602.1;
- (4) Apply a sanction in the following manner:
 - (A) If the assistance unit includes other individuals, then the grant shall be reduced by the amount included on behalf of that refugee. If the employable refugee is a needy caretaker relative, assistance in the form of protective or vendor payments shall be provided to the remaining members of the assistance unit; or
 - (B) If the individual is the only individual in the assistance unit, the grant shall be terminated.

(b) An employable refugee shall be ineligible for assistance for the following periods when assistance is terminated because of refusal to accept or continue employment or to participate in an available and appropriate social service program:

- (1) Three payment months for the first occurrence; and
- (2) Six payment months for each subsequent occurrence.

(c) An employable refugee who reapplies for assistance after the disqualification period shall be required to accept and participate in any training or employment before assistance is approved. [Eff 03/19/93; am 3/14/94] (Auth: HRS §346-56) (Imp: HRS §346-56, 45 C.F.R. §§400.77, 400.82)

§17-661-21 Repealed. [R 8/1/94]

§§17-661-22 to 17-661-25 (Reserved)

SUBCHAPTER 3

REPATRIATE PROGRAM

§17-661-26 Purpose. This chapter identifies the individuals and the services available to United States citizens who are returned from foreign countries (repatriates). [Eff 03/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211, 212)

§17-661-27 Definitions. As used in this chapter: "Department" means the department of human services.

"Eligible person" means an individual who meets the conditions specified in section 17-661-28.

"Service" means the Social and Rehabilitation Service, Department of Health and Human Services.

"Temporary assistance" means financial assistance, medical care, temporary billeting, transportation, and other goods and services necessary for the health or welfare of individuals, including guidance, counseling, and other welfare services. [Eff 03/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211, 212)

§17-661-28 Conditions of eligibility. To be eligible for services, the individual shall be:

- (1) A citizen of the United States or a dependent of a citizen of the United States;
- (2) Identified as having returned or been brought from a foreign country to the United States through a written statement transmitted to the Service by an authorized official of the Department of State because of the following situations:
 - (A) Destitution of the citizen of the United States;
 - (B) Illness of the citizen or any of the citizen's dependents;
 - (C) War;
 - (D) Threat of war;
 - (E) Invasion; or
 - (F) Similar crises;
- (3) Without resources immediately accessible to meet the individual's needs; and
- (4) Ineligible to receive AFDC:
 - (A) Eligible persons shall be processed for AFDC rather than repatriation assistance wherever possible;
 - (B) Repatriation assistance shall be provided until AFDC is approved; and
 - (C) When the family or a member of the family becomes ineligible for AFDC, repatriation assistance shall be provided for any period remaining in the ninety day eligibility period. [Eff 03/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211, 212)

§17-661-29 Scope of service. (a) The department, upon notification by the Service, shall meet individuals identified under section 17-661-28 at the port of entry or debarkation.

(b) The department shall provide temporary assistance to an eligible person for up to ninety days from the date of arrival in the United States.

(c) Temporary assistance may be extended for up to nine months if the repatriate is handicapped in

attaining self-support or self-care for the following reasons:

- (1) Age;
 - (2) Disability; or
 - (3) Lack of vocational preparation, in which case temporary assistance may be extended upon prior authorization by the Service for nine additional months.
- (d) Prior authorization from the federal administration to provide benefits beyond ninety days is required. [Eff 03/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211, 212)

§17-661-30 Financial assistance. (a) Financial assistance for resettlement expenses shall be provided as a one time payment:

- (1) The resettlement expenses shall be limited to actual cost, not to exceed the difference between the standard of assistance authorized by Family Support Administration per family member and the department's standard of assistance for that size family; and
 - (2) The family may request the one time payment anytime during the ninety day period of eligibility.
- (b) Financial assistance for subsistence expenses shall be limited to the department's standard of assistance for that size family specified in chapter 17-678.
- (c) Any income shall be counted against the financial assistance. [Eff 03/19/93; am 3/14/94] (Auth: §346-14) (Imp: HRS §346-14; 45 C.F.R. §§211, 212)

§17-661-31 Termination of payment. (a) The eligible individual who receives assistance, or the individual who is caring for or otherwise is acting on behalf of the eligible individual, shall report promptly to the department any event or circumstances which would cause the assistance to be changed in amount or terminated.

(b) Assistance shall be terminated on the ninety-first day unless assistance has been extended as provided in section 17-661-29(c).

(c) When assistance is terminated, an adequate notice which includes the following information shall be sent:

- (1) A statement of the action the department intends to take;
- (2) The reasons for the intended action; and
- (3) An explanation of the individual's right to request an informal review, an administrative hearing, or both.

(d) When an administrative hearing request is received, the request shall be processed according to chapter 17-602.1.

(e) The repatriate is not eligible to receive aid pending a hearing decision. [Eff 03/19/93] (Auth: §346-14) (Imp: HRS §346-14, 45 C.F.R. §§205.10, 211, 212)

§§17-661-32 to 17-661-35 (Reserved).

SUBCHAPTER 4

SLIAG PROGRAM

§17-661-36 Purpose. The purpose of this subchapter is to establish the requirements for eligibility and participation in the state legalization impact assistance grant (SLIAG) program. [Eff 03/19/93] (Auth: HRS §346-14) (Imp: HRS §346-14)

§17-661-37 Eligible individuals. (a) SLIAG benefits are available to individuals granted lawful temporary or permanent resident status under sections 210, 210A, or 245A of the Immigration and Nationality Act (8 U.S.C. §§1101, et seq.) in accordance with section 204 of Pub. L. No. 99-603 (8 U.S.C. §1255a), Immigration Reform and Control Act of 1986.

(b) Financial assistance shall be provided to:

- (1) Individuals between eighteen and sixty-four years of age who are disabled;

- (2) Individuals between fifty-five and sixty-four years of age who are able to work; and
- (3) Families with dependent children who do not qualify for AFDC. [Eff 03/19/93; am 8/1/94] (Auth: HRS §346-14) (Imp: 45 C.F.R. §§402.1, 402.2)

§17-661-38 Program requirements. The individual or family shall comply with the general assistance (GA) requirements specified in chapter 17-659. [Eff 3/19/93; am 8/1/94] (Auth: HRS §346-14) (Imp: HRS §346-14; 45 C.F.R. §§402.1, 402.2)

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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1723.2

REFUGEE MEDICAL ASSISTANCE

Subchapter 1 General Provisions

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§17-1723.2-2 General requirements
§§17-1723.2-3 to 17-1723.2-7 (Reserved)

Subchapter 2 Refugee Medical Assistance (RMA) Program

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§17-1723.2-9 Basic requirements
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Subchapter 3 Freedom of Choice, Enrollment, Benefits, Disenrollment and Termination of Assistance

§17-1723.2-20 Purpose
§17-1723.2-21 Freedom of choice
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§17-1723.2-25 Termination of assistance
§§17-1723.2-26 to 17-1723.2-30 (Reserved)

SUBCHAPTER 1

GENERAL PROVISIONS

§17-1723.2-1 Purpose. The purpose of this chapter is to establish the requirements for eligibility and participation in the Refugee Medical Assistance (RMA) program. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 45 C.F.R. §§400.90, 400.91) (Imp: HRS §§346-14, 346-56; 45 C.F.R. §§400.90, 400.91)

§17-1723.2-2 General requirements. The confidentiality, administrative appeal, fraud, medical assistance recovery, application processing, eligibility review, and adverse action notice provisions described in subtitle 12 shall pertain to an individual who applies or is eligible under this chapter. [Eff 09/30/13] (Auth: HRS §§346-14, 346-44; 42 C.F.R. §§431.200, 431.206, 431.221, 431.230, 431.300, 435.907, 435.916, 455.1) (Imp: HRS §§346-14, 346-44; 42 C.F.R. §§431.200, 431.206, 431.221, 431.230, 431.300, 435.907, 435.916, 455.1)

§§17-1723.2-3 to 17-1723.2-7 (Reserved).

SUBCHAPTER 2

REFUGEE MEDICAL ASSISTANCE (RMA) PROGRAM

§17-1723.2-8 Purpose. This subchapter describes the eligibility requirements for Refugee Medical Assistance (RMA). [Eff 09/30/13] Auth: HRS §§346-14, 346-56, 45 C.F.R. §§400.90, 400.91) (Imp: HRS §§346-14, 346-56, 45 C.F.R. §§400.90, 400.91)

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§17-1723.2-9 Basic Requirements. An individual applying for assistance under this subchapter shall meet the following basic requirements, which include but are not limited to non-citizen status, state residency, verification of identity, not residing in a public institution, and the provision of a social security number when applicable. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§435.10, 435.400, 435.910; 45 C.F.R. §§400.90, 400.100) (Imp: 42 C.F.R. §§435.400, 435.910; 45 C.F.R. §§400.90, 400.100)

§17-1723.2-10 Categorical requirements. An individual eligible to participate in the Refugee Medical Assistance program shall:

- (1) Be ineligible for medical assistance under the provisions of chapters 17-1715, 17-1716, 17-1717, 17-1718, 17-1719 or 17-1730.1 with the following income not considered:
 - (A) In-kind services and shelter provided by a sponsor or local resettlement agency;
 - (B) Cash allotments provided by the resettlement agency and financial cash assistance payments provided by the department; and
 - (C) Income remaining in the country of origin;
- (2) Provide documentation issued by the USCIS that the individual is:
 - (A) Paroled as a refugee or asylee under section 212(d)(5) of the INA;
 - (B) Admitted as a refugee under section 207 of the INA;
 - (C) Granted asylum under section 208 of the INA;
 - (D) A Cuban or Haitian entrant, in accordance with the requirements in 45 C.F.R Part 401;
 - (E) An Amerasian from Vietnam who is admitted to the U.S. as an immigrant pursuant to section 584 of the Foreign

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- Operations, Export Financing and Related Programs Appropriations Act of 1988 (Pub. L. 100-202, section 101(e)) and succeeding amendments; or
- (F) Admitted for permanent residence, provided the individual previously held one of the statuses identified above.
- (3) An individual who meets any of the requirements in section 17-1723.2-10(2) shall be referred to as a "refugee" in this chapter.
- (4) Provide the name of the resettlement agency which resettled them in order for the department to notify the agency upon receipt of an application.
- (5) Not be a full-time student in higher education, unless part of an employability plan for a refugee under 45 C.F.R. §400.79 or for an unaccompanied minor under 45 C.F.R. §400.112. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56, §101(a)(42) of the INA, 45 C.F.R. §§400.43, 400.90, 400.100, 400.101, 400.102) (Imp: HRS §§346-14, 346-56, §101(a)(42) of the INA, 45 C.F.R. §§400.43, 400.90, 400.100, 400.101, 400.102)

§17-1723.2-11 Income Requirements. (a) Income shall be based on information as of the date of application. The department may not employ prospective averaging of income methodology.

(b) A refugee ineligible under section 17-1723.2-10 due to excess income under chapters 17-1715, 17-1716, 17-1717, 17-1718, 17-1719, or 17-1730.1 is eligible under the provisions of this chapter if able to spend down to the applicable standard through incurred medical expenses.

(c) A refugee initially determined eligible under chapters 17-1715, 17-1716, 17-1717, 17-1718, 17-1719 or 17-1730.1 who is subsequently terminated due to earnings from employment shall be transferred to

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the Refugee Medical Assistance program without a determination of eligibility, until the end of the time-limited period for RMA.

(d) Earned income shall not affect continued eligibility for a refugee initially determined eligible for RMA.

(e) A refugee who is sixty-five years or older, or who is blind or disabled, shall be referred to the Social Security Administration to apply for Supplemental Security Income (SSI) and Medicare as appropriate.

(f) For an individual determined ineligible under this chapter, the department shall transfer the individual's application information for other insurance affordability programs as appropriate pursuant to 42 C.F.R. §435.1200(e). [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 42 C.F.R. §§435.10, 435.100, 435.1200, 45 C.F.R. §§400.100, 400.101, 400.102, 400.103, 400.104) (Imp: HRS §346-56, 42 C.F.R. §§435.10, 435.100, 435.1200, 45 C.F.R. §§400.100, 400.101, 400.102, 400.103, 400.104)

§17-1723.2-12 Asset requirements. Assets shall be considered as follows:

- (1) For a non-ABD individual, apply the asset provisions described in chapters 17-1715, 17-1716, 17-1717, 17-1718, or 17-1730.1 as applicable.
- (2) For an ABD individual, apply the asset provisions described in chapter 17-1719. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 45 C.F.R. §§400.100, 400.101, 400.102, 400.103) (Imp: HRS §346-56, 45 C.F.R. §§400.100, 400.101, 400.102, 400.103)

§17-1723.2-13 Redetermination of eligibility. The provisions of section 17-1712.1-4 relating to redeterminations of eligibility due to a change in household circumstances shall apply to an individual eligible under this chapter. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 42 C.F.R. §§431.10,

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435.916, 45 C.F.R §§400.93, 400.94) (Imp: HRS §346-56; 42 C.F.R. §§431.10, 435.916, 45 C.F.R §§400.93, 400.94)

Historical note: §17-1723.2-13 is based substantially upon §17-1723-18. [Eff 08/01/94; R 09/30/13]

§17-1723.2-14 Records. The following information shall be entered in the record of each refugee:

- (1) The name and address of the sponsor;
- (2) The name of the national voluntary resettlement agency which resettled the refugee or the absence of an involved voluntary resettlement agency; and
- (3) The passport or alien registration number on the form I-94. [Eff 09/30/13] (Auth: HRS §346-14, §346-56; 45 C.F.R. §§ 400.93, 400.100) (Imp: HRS §346-56; 45 C.F.R. §§ 400.93, 400.100)

Historical note: §17-1723.2-14 is based substantially upon §17-1723-17. [Eff 08/01/94; [R 09/30/13]

§§17-1723.2-15 to 17-1723.2-19 (Reserved).

SUBCHAPTER 3

FREEDOM OF CHOICE, ENROLLMENT, BENEFITS, DISENROLLMENT AND TERMINATION OF ASSISTANCE

§17-1723.2-20 Purpose. This subchapter addresses and refers to the provisions of freedom of choice, enrollment, benefits and disenrollment for a refugee who is eligible for RMA under this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.10, 431.40, 435.10; 45 C.F.R. §§400.90, 400.105) (Imp: 42 C.F.R §§430.25, 431.10, 431.40, 45 C.F.R. §§400.90, 400.105)

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§17-1723.2-21 Freedom of choice. (a) A refugee eligible in accordance with this chapter, with the exception of a refugee identified in section 17-1735.1-2(a), shall be provided a choice of a health plan and a provider as described in chapter 17-1720.1.

(b) A refugee identified in section 17-1735.1-2(a) shall choose a department approved provider as described in 17-1736-3. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 42 C.F.R. §§430.25, 431.51, 438.52; 45 C.F.R. §400.105) (Imp: HRS §346-56; 42 C.F.R. §§430.25, 431.51, 438.52; 45 C.F.R. §400.105)

§17-1723.2-22 Enrollment into a participating health plan. (a) A refugee eligible in accordance with this chapter, with the exception of a refugee identified in section 17-1735.1-2(a), shall be enrolled in a health plan as described in chapter 17-1720.1.

(b) A refugee identified in section 17-1735.1-2(a) shall not be enrolled into a health plan and their health care services shall be provided on a fee-for-service basis. [Eff 09/30/13] (Auth: HRS §§346-14, 346-56; 42 C.F.R. §§430.25, 431.10, 431.40, 438.50, 45 C.F.R. §400.105) (Imp: 42 C.F.R. §§430.25, 431.10, 431.40, 438.50, 45 C.F.R. §400.105)

§17-1723.2-23 Benefits. (a) Benefits under this chapter shall be time-limited as determined by the Director of the federal Office of Refugee Resettlement.

(b) A refugee who is enrolled in a health plan shall be provided a standard benefits package by a participating health plan and other services when appropriate as described in chapter 17-1720.

(c) A refugee identified in section 17-1735.1-2(a) shall be provided coverage under the fee-for-service provisions as described in chapter 17-1737. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6; 45 C.F.R. §400.105) (Imp:

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HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6; 45 C.F.R. §400.105)

§17-1723.2-24 Disenrollment from a health plan.
An enrollee shall be disenrolled from a health plan under the provisions as described in chapter 17-1720.1. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §430.25, 431.40, 438.56, 45 C.F.R. §400.105) (Imp: HRS §346-14; 42 C.F.R. §430.25, 431.40, 438.56, 45 C.F.R. §400.105)

§17-1723.2-25 Termination of assistance. (a)
After a refugee is determined eligible for RMA under this chapter, the department shall review the refugee's circumstances as appropriate for changes to determine eligibility for other medical assistance programs.

(b) Refugee Medical Assistance shall be terminated when the first of the following conditions is met:

- (1) The refugee has been determined eligible for Medicaid;
- (2) Countable assets exceed the maximum allowable; or
- (3) The last day of the final month of the time limited benefit period.

(c) When RMA is terminated, the department shall transfer the individual's application information for other insurance affordability programs as appropriate pursuant to 42 C.F.R. §435.1200(e).

[Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§431.200, 431.213, 435.1200; 45 C.F.R. §§400.94, 400.100) (Imp: HRS §346-14; 42 C.F.R. §§431.200, 431.213, 435.1200; 45 C.F.R. §§400.94, 400.100)

§§17-1723.2-26 to 17-1723.2-30 (Reserved).

State of Hawaii

Department of Human Services

Language Access Plan

July 1, 2013—June 30, 2016

Issued and Approved

by the Director

Department of Human Services

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INTRODUCTION

This three-year Language Access Plan speaks to the Department of Human Services (DHS) continuing commitment to provide essential, meaningful access to Limited English Proficient (LEP) individuals by removing barriers which could prevent existing or potential customers of the DHS from participating in its programs and activities because of language needs. The primary purpose is to continually enhance services provided by the DHS to all persons seeking our services.

The DHS continues to take reasonable steps to provide meaningful access to LEP individuals in compliance with Title VI of the Civil Rights Act of 1964 and its implementing regulations 45 CFR, Part 80, as well as Chapter 371, Sections 31-37 of the Hawaii Revised Statutes (HRS), as amended.

The population of the State reflects a rich blend of people and culture. According to the 2010 census the largest number of people living in Hawaii whose primary language is not English, speak an Asian or Pacific Island language or dialect. Many have a limited ability to read, write, speak or understand DHS' services in English. Language barriers can prohibit qualified residents from fully participating in the State's efforts to help them to become self-sufficient. In 2012, the most frequently encountered languages/dialects were: Chinese, Chuukese, Korean, Marshallese, Samoan, and Vietnamese. This language access plan speaks to the DHS' voluntary commitment to provide essential and meaningful access to LEP customers.

DEFINITION OF LEP PERSONS

For purposes of this plan, LEP persons, customers, and applicants are defined as individuals who do not speak English as their primary language and who self-identify as having a limited ability to read, write, speak, or understand English. They may be eligible to receive language assistance with respect to a particular service, benefit, or encounter at no cost to them. Notice of such language assistance availability is to be provided on a regular basis.

RELEVANT FACTORS

To determine whether the DHS is required to provide effective and meaningful access to LEP individuals, the U. S. Department of Health and Human Services has established four guidelines which are also found in HRS § 371-33(a) (1-4):

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program;
2. The frequency with which LEP persons come into contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to LEP persons; and

4. The resources available to the program and the costs of providing interpretation/translation services.

The combination of these factors serves as the basis to determine the DHS' obligation to provide language access services.

SUMMARY OF COMPONENTS

The DHS Language Access Plan is comprised of ten (10) components:

1. Providing oral interpretation services to applicants and clients that are free of cost.
2. Maintaining reporting systems designed to obtain key information about the LEP populations who are eligible for and/or use the DHS's services.
3. Maintaining comprehensive listings of language assistance resources.
4. Providing notice to LEP persons of free interpreter services
5. Designating Language Access Coordinator/s and Access Task Force Members.
6. Training employees and contractors on language assistance services.
7. Orienting interpreters to role expectations and a Code of Ethics.
8. Seeking stakeholders' input in revision of the DHS' Language Access Plan.
9. Monitoring the DHS' programs, services and contractors for reasonable and meaningful language assistance.
10. Evaluating the effectiveness of the DHS' language assistance efforts.

An explanation of these ten components follows.

COMPONENT EXPLANATION

1. **Providing interpretation services**
 - a. Oral—Each division, agency, commission, program and activity at the DHS will provide interpretation assistance in response to the language needs expressed by LEP individuals in both face-to-face and telephone encounters about DHS services.
 - b. Written—Translation of documents will be provided when interpretation is not reasonable or meaningful within the threshold of the law.
 - c. Personnel—Hiring of employees who have bi-lingual skills is an ongoing effort where possible at the DHS. Hiring bi-lingual staff to serve as staff interpreters only is not reasonable, at this time, within the DHS' budgetary constraints.

While serving applicants or clients, situations might arise where LEP individuals are unable to navigate through the DHS' programs without assistance of interpreters in their primary language.

To ensure that the inability to communicate in English does not deprive the public of rights and privileges, the DHS will continue to provide an interpreter at no cost to the client/applicant for LEP individuals seeking or requiring DHS services.

2. Maintaining reporting systems

To provide meaningful access to LEP individuals, the DHS will continue to gather information about languages spoken, the DHS services used and the frequency such services are utilized by LEP persons.

Data is compiled on a semi-annual basis from divisions, agencies, commissions and offices at the DHS, as well as contractors who provide services with federal and state funding through the DHS. This data is analyzed and reported to the Hawai'i Office of Language Access (OLA). (See Appendix A for OLA reporting form.)

Each division, agency, commission, and office at the DHS will have in place mechanisms in their reporting system/s to regularly assess the LEP status and language assistance needs of current and potential customers as well as assess the DHS' capacity to meet these needs according to the components of this plan.

3. Maintaining comprehensive listings of language assistance resources

To serve LEP individuals effectively, the DHS maintains lists of language skills and resources available through its employees, surrounding community members, state agencies, court systems and private entities. These lists are updated and distributed semi-annually to each division, and administratively attached agencies and are available on the DHS internal Q Drive and/or website in the Civil Rights Corner. (See Appendix B)

All the DHS volunteer interpreters are highly encouraged to complete training in interpretation techniques and ethics. The DHS encourages participation at OLA sponsored training for interpreters and translators.

Although the DHS volunteer employees may not be fluent in a particular language, depending on the circumstances, that employee's or community language skills may facilitate a certain comfort level that might contribute significantly to meeting an LEP individual's needs.

In events where the DHS requires additional personnel to provide language access to LEP clients or applicants, as determined by the relevant factors described earlier, the DHS shall seek qualified contracted interpreters via telephone, video or in-person.

4. Providing notice to LEP persons of interpreter services that are free of cost to the LEP individual

The DHS provides notice at <http://humanservices.hawaii.gov>, in brochures such as Access Hawaii, and through the posting of notices in waiting areas and offices servicing LEP individuals.

Each division, administratively attached agency, commission and program at the DHS will inform its contractors of their responsibility to provide notice to their LEP clients and applicants of the availability of free language assistance services. Each will also provide notice to community agencies and unions that work with the DHS' clients. Community providers and the DHS contractors will be advised and monitored relative to their responsibility to provide interpreter services free of cost to LEP persons utilizing or applying for their services.

5. Designating Language Access Coordinator/s and Access Task Force members

DHS' Civil Rights Compliance Staff (CRCS) continues to serve as the Language Access Coordinator for the DHS in cooperation with the newly formed KOLEA LEP Project team. Additionally, the DHS has an Access Task Force to serve as a working focus group to be responsible for reporting, follow-up and implementation of this plan and to assure compliance with Hawaii Revised Statutes and other guidelines.

Each division and administratively attached agency will continue to designate representatives to the DHS' Access Task Force, with at least one backup representative for continuity purposes, who will serve in an advisory and working capacity to the Language Access Coordinator.

Each neighbor island office will provide input to the designated Access Task Force member on a regular basis.

Additional information about staff officer, division administrator, supervisor and employee roles are specified in DHS' Policies and Procedures 4.10.4 and the 2013-2015 Affirmative Action Plan.

6. Training employees on providing language assistance services

The DHS began training in 2007 for program staff, supervisors and administrators to improve language access, create awareness and prevent discriminatory practices relative to national origin, in general, and LEP, specifically. Those efforts continue on an annual basis.

Training for administrators and supervisors began during May of 2009 and is continuing. The supervisors are now responsible for directly training all staff who have daily or weekly public contact. New employees are trained at the time of hire and all employees receive annual training by their supervisors and/or division trainers (See Appendix C).

Existing civil rights training titled Administrative Procedures for Supervisors (APS) and Administrative Procedures for Clericals (APC), both of which include language access training continues on an annual basis.

The DHS will continue to inform agencies contracting with DHS about contractor responsibilities for providing interpreter services at no cost to LEP individuals and for complying with assurances specific to their respective program funds. Each program is responsible for monitoring contractor compliance (See Appendix G for a sample monitoring checklist).

Volunteer interpreters and front-line staff will continually be encouraged to attend workshops and webinars and to attend state-wide meetings designed to meet language access needs.

Each division, commission and administratively attached agency will allow time for training front-line and supervisory staff on DHS' language access efforts. Supervisors or trainers will be responsible for training new employees and all individuals under their supervision who have daily or weekly public contact. The DHS will continue to provide online annual refresher training to all of the DHS employees. While developed for the DHS' employees, contractors also have access to this online presentation at <http://hunanservices.hawaii.gov> in the Civil Rights Corner.

7. Orienting interpreters to role expectations and Code of Ethics

Interpreters are required to review DHS' Code of Ethics for providing interpreter services, sign an interpreter form, asked to participate in the OLA training on the role of interpreters, and serving individuals with language needs (See Appendix E for Interpreter Form with Code of Ethics and Appendix F for Offer and Acceptance or Waiver of Free Interpreter Services).

8. Seeking stakeholders' input in review and revision of DHS Language Access Plan

The DHS, through the Language Access Plan Coordinator, will actively seek input from groups that provide assistance to LEP clients and applicants, including those who advocate for the interests of immigrants, refugees and others who may be LEP consumers of DHS and its contract provider services. All interested stakeholders are encouraged to contact the DHS Language Access Coordinator directly at gwatts@dhs.hawaii.gov or (808) 586-4955.

The coordinator will have at least one public meeting with LEP persons, other interested stakeholders and the DHS Access Committee members prior to June 30, 2016. An advisory council of stakeholders that meets every six months is being considered. The objectives for seeking such input are (1) to provide feedback and information that will result in refining DHS plan and (2) to enable the DHS to meet its goal of taking reasonable steps toward ensuring meaningful access to LEP individuals seeking DHS services.

Following this meeting the coordinator will prepare a report on the meeting and submit the report to the Director of DHS no later than July 31, 2016. The report will include a synthesis of the data gathered through the DHS' reporting systems; meetings with stakeholders and LEP clients.

This Language Access Plan is a fluid document and will be reviewed and revised in light of comments from LEP applicants and clients, their representatives, interested stakeholders and DHS staff. Such review and revision will take place at least once every three years.

9. Monitoring for reasonable and meaningful language assistance

The CRCS makes unannounced site visits to observe notices and other areas relative to civil rights compliance and to photograph facilities and features to support this and other self-evaluation efforts. Findings from these visits are discussed with Access Task Force members for follow-up. Contract monitors in each program will continue to be responsible for monitoring contractor provision of interpreter services (See Appendix G for sample checklist).

10. Evaluating effectiveness of DHS' language assistance efforts.

Evaluations of the DHS' divisions and administratively attached agencies are conducted periodically by CRCS in consultation with staff of the Office of Language Access to determine compliance with the DHS' obligations to provide language access services. The Office of Language Access in 2013 (See Appendix G for Self-Assessment Checklist for Public Programs for a copy of the current OLA monitoring tool).

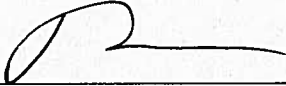
Recommendations will be addressed by the Language Access Coordinator and Access Task Force as indicated in the findings.

CONCLUSION

This plan covers the period July 1, 2013 through June 30, 2016 and addresses the DHS' continuing commitment to enhancing access to its services and programs. It supersedes the DHS' Language Access Plan covering the period July 1, 2011 through June 30, 2013. The provisions of this plan shall remain in place until a revised plan is adopted in 2016.

With approval of this Language Access Plan, the DHS in compliance with mandates of Title VI of the Civil Rights Act of 1964, as amended, and Hawai'i Language Access Law, Chapter 371, Sections 31-37 of the Hawaii Revised Statutes (HRS), as amended is providing reasonable and meaningful access to LEP clients and applicants who seek DHS services.

All DHS divisions, administratively attached agencies, commissions, and offices shall comply with the provisions of the Language Access Plan.


Patricia McManaman, Director

6/12/13
Date

APPENDICES

- A Language Access Reporting Tool
- B Resource Lists
- C Training
- D Notices and Announcements
- E Interpreter Form DHS 5050 with Code of Ethics
- F Offer and Acceptance or Waiver of Free
Interpreter Services, DHS 5000
- G (1) Civil Rights Monitoring Checklist sample
(2) Self-Assessment Checklist for Public Programs

LEP Services by Division/Office

Administrative Appeals Office

Period Covered 7/1/12 – 12/31/12

Contact Person

Phone No. _____

[illegible]

LANGUAGE ACCESS REPORTING TOOL

LEP Services by Language

Administrative Appeals Office

Period Covered 7/1/12 – 12/31/12

Contact Person

Phone No. _____

Language	# of LEP Encounters (#)	Type of Services Provided to LEP Customers (#)				Type of Oral Language Service Utilized (#)								# of Documents Translated		Language Services Expenditures (\$)						
		Oral Language Service	Bight Translation	Written Translation	Other (please specify):	Interpret Staff Services (direct service to another language)	Community Volunteer	Contracted Interpreter (not an interpreter agency)	Contracted Interpreter (Direct)	Staff Interpreter	Telephone Interpreter	Volunteer Staff (speaks another language, volunteers to help)	Other (please specify):	Documents Translated Upon Request	Visual Documents	Oral Language Services (in person)	Bight Translation Services	Telephone Interpreter Services	Written Translations	Other (please specify):	Amount (Total \$)	
Total:	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,740.90	\$ 5,740.90
% of Total:	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.0%	0.0%	0.0%	0.0%	100.0%	\$ -	100%
Caribbean																					\$ -	
Cherokee																					\$ -	
Hawaiian																					\$ -	
Ilokano																					\$ -	
Japanese																					\$ -	
Korean																					\$ -	
Korean																					\$ -	
LEP Hearing Impaired																					\$ -	
Mandarin																					\$ -	
Marshallese																					\$ -	
Portuguese																					\$ -	
Samoa																					\$ -	
Spanish																					\$ -	
Tagalog																					\$ -	
Thai																					\$ -	
Tongan																					\$ -	
Vietnamese																					\$ -	
Vietnam (Cebuano)																					\$ -	
Other (Specify)	25																				\$ -	
																					\$ 5,740.90	\$ 5,740.90

User Log of LEP Services (optional)

DO NOT NEED THIS PAGE

[illegible]

LANGUAGE ACCESS LOG AND REPORTING FORM (Rev. 02/01/12)

[illegible]

Completed By:

E-mail:

Phone:

Appendix A of the Hawaii State Judiciary Court Interpreter Certification Program Court Rules, below, lists the requirements necessary for court interpreters to achieve a Tier Designation on the certification program Registry.

Appendix A - Tiers of Court Interpreter Designation					
Tier	Spoken or ASL	Hourly Fee		Designation	Requirement
ALL TIERS OF COURT INTERPRETER DESIGNATIONS MUST FULFILL THE MINIMUM REQUIREMENTS SET FORTH UNDER TIER 1					
6	Spoken	55		Certified Master	Full Consortium Oral Exam: 80% for Simultaneous; 80% for Consecutive; 80% overall for Sight Translation, with at least 75% for each subpart; or Federal Court Interpreter Certification Exam (FCICE)
	ASL	55		Certified Master	RID SC:L
5	Spoken	N/A		N/A	N/A
	ASL	50		Certified Advanced	Tier 4 requirements and fulfillment of "Certified Advanced" requirements (currently being determined)
4	Spoken	45		Certified	Full Consortium Oral Exam: 70% for Simultaneous; 70% for Consecutive; 70% overall for Sight Translation, with at least 65% for each subpart
	ASL	45		Certified	NAD V; or HQAS V; or RID CI and CT; or RID CDI; or RID CSC; or RID RSC
3	Spoken	40		Approved	Full Consortium Oral Exam: 60% for Simultaneous; 60% for Consecutive; 60% overall for Sight Translation, with at least 55% for each subpart; or Abbreviated Consortium Oral Exam: 70% for Simultaneous; 70% for Oral English Proficiency component
	ASL	40		Approved	NAD IV; or HQAS IV; or RID CI or CT
2	Spoken	35		Conditionally Approved	Abbreviated Consortium Oral Exam: 60% for Simultaneous; 60% for Oral English Proficiency component; or Alternative Credential Recognition for passage of an exam approved by the Judiciary in a language for which the Consortium oral exam does not exist
	ASL	N/A		N/A	N/A
1	Spoken	25		Registered	2-Day Basic Orientation Workshop; 70% for Consortium Written Exam; 80% for Hawaii Basic Ethics Test; and Passage of Criminal Background Check
	ASL	25		Registered	2-Day Basic Orientation Workshop; 70% for Consortium Written Exam; 80% for Hawaii Basic Ethics Test; and Passage of Criminal Background Check

HAWAII STATE JUDICIARY COURT INTERPRETER CERTIFICATION PROGRAM

The highest tier achievable for each language may vary. The following table lists the current languages on the Registry and the performance exam available to achieve the highest tier in each language.

LANGUAGE	HIGHEST TIER POSSIBLE	ACHIEVED VIA
American Sign	6	RID SC:L
Arabic	6	Consortium Full Exam
Bulgarian	2	LionBridge Exam
Burmese	2	LionBridge Exam
Cantonese	6	Consortium Full Exam
Cebuano	2	LionBridge Exam
Chuukese	3	Consortium Abbreviated Exam
French	6	Consortium Full Exam
German	2	LionBridge Exam
Hindi	2	LionBridge Exam
Hungarian	2	LionBridge Exam
Ilokano	6	Consortium Full Exam
Indonesian	2	LionBridge Exam
Japanese	2	LionBridge Exam
Khmer (Cambodian)	2	LionBridge Exam
Korean	6	Consortium Full Exam
Kosraean	1	Written Exam & Ethics Exam
Laotian	6	Consortium Full Exam
Mandarin	6	Consortium Full Exam
Marshallese	3	Consortium Abbreviated Exam
Pohnpeian	1	Written Exam & Ethics Exam
Portuguese	6	Consortium Full Exam
Russian	6	Consortium Full Exam
Samoan	2	LionBridge Exam
Spanish	6	Consortium Full Exam
Tagalog	2	LionBridge Exam
Thai	2	LionBridge Exam
Tongan	2	LionBridge Exam
Vietnamese	6	Consortium Full Exam

THE JUDICIARY • STATE OF HAWAII
COURT INTERPRETER CERTIFICATION PROGRAM
COURT INTERPRETER REGISTRY
External Distribution
May 16, 2013

Court interpreters who meet mandatory requirements for interpreting in the state courts under the Hawai'i State Judiciary Court Interpreter Certification Program are published on this Registry. Requesting parties are responsible for further determining the qualifications and competence of the interpreters they hire.

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>DESIGNATION</u>	<u>NAME</u>	<u>CONTACT #</u>
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AMERICAN SIGN	Oahu	4	Certified	NAKAMOTO, LYNN M.	551-3778(C), lynnsigns@gmail.com
AMERICAN SIGN	Oahu	4	Certified	LAMBRECHT, LINDA Y.	393-9861(C) Text Only, 734-9154 (B), aslteam@gmail.com or lambrechthawaii.edu
AMERICAN SIGN	Oahu	4	Certified	KROE-UNABIA, SUSAN L.	295-0647(B), susankroe@aol.com
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AMERICAN SIGN	Oahu	4	Certified	FRIED, JAN L.	734-5889(H), 734-9154(B), 734-9799(F) janfried@gmail.com or jfriedhawaii.edu
AMERICAN SIGN	Oahu	4	Certified	COOPER, KENNEDY L.	497-9925(C), kennedyclm@mac.com
AMERICAN SIGN	Oahu	4	Certified	BOWNS, BEVERLY K.	389-8997(C), bevsignasl@yahoo.com
AMERICAN SIGN	Oahu	4	Certified	BAIRD, DARLENE L.	352-2246(C), pukapantz@hotmail.com
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AMERICAN SIGN	Hawaii	4	Certified	SAPKO, REGINA C.	429-3553(C), reginaclare@hotmail.com
AMERICAN SIGN	Hawaii	4	Certified	KERN, KU MEI B.	896-9059 (C)(B), kooshmabob@yahoo.com
AMERICAN SIGN	Hawaii	4	Certified	DRAVIS-TUCKER, MALINA S.	936-0046 (C)(B), malinadt@mail.com
AMERICAN SIGN	Hawaii	4	Certified	BROOKS, PAULINE C.	430-5129(C), pbrooks.asl@gmail.com
AMERICAN SIGN	Kauai	4	Certified	LITTLETON, LARRY M.	241-1386(Voice), 240-1717(Message), LarryMLittleton@gmail.com
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ARABIC	Oahu	1	Registered	MOUSTAFA, NEVINE FARID	377-3093(H), 393-3683(C), vanvoun293@aol.com
ARABIC	Oahu	1	Registered	BANDACK, FREDRICK E.	382-2945(C), hawaiian8heart@aol.com
BENGALI	Oahu	1	Registered	SMITH, WILLIAM H.	258-7971(C), 237-8301(H)(F), smithwm@hawaii.rr.com
BENGALI	Oahu	1	Registered	ROUF, MOHAMMAD A.	479-0298(C), 949-1163(H), 833-5787(B), 833-5987(F), mohammad@globeteckgroup.com
BOSNIAN	Hawaii	1	Registered	ZJAK, DEJAN M.	345-2795(B), dejan2810@yahoo.com
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>DESIGNATION</u>	<u>NAME</u>	<u>CONTACT #</u>
BURMESE	Oahu	I	Registered	TEOHLU, ISABELLE A. K.	945-2926(H)(F)
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CANTONESE	Oahu	I	Registered	YING, MONICA T.	languagemajor@gmail.com, 228-2978(C), 415-326-3382(B)
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CANTONESE	Oahu	I	Registered	WONG, WILLY	626-0237(H), 677-2592(F), wongwillywonka@aol.com
CANTONESE	Oahu	I	Registered	WONG, PATRICK T. C.	255-6188(C), patricktwong@yahoo.com
CANTONESE	Oahu	I	Registered	TEOHLU, ISABELLE A. K.	945-2926(H)(F)
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CANTONESE	Oahu	I	Registered	LAU, ROWENA C. W.	232-1370(C), rlbsea@hotmail.com
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CANTONESE	Oahu	I	Registered	CHOI, CANDY	429-2028(C), candychoi68@gmail.com
CANTONESE	Oahu	I	Registered	CHAN, SHIRLEY W. Y.	295-8803(C)(B), shirchan88@hotmail.com
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CANTONESE	Maui	I	Registered	SO, GLORIA C. M.	228-6355(C), gloria.cm.so@gmail.com
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CEBUANO	Maui	I	Registered	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
CEBUANO	Hawaii	I	Registered	MANIPOL-LARSON, JOCELYN	640-1540(C), 960-6006(B), raven_reuboni@yahoo.com
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CHUUKESSE	Oahu	1	Registered	ROBERT, CHARLENE	
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ILOKANO	Oahu	1	Registered	TAGAYUNA, AL A.	286-2767(C), 637-9038(H)(F), altagayuna@yahoo.com
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ILOKANO	Oahu	1	Registered	MARTINEZ, ROLANDO M.	680-0230(H), 382-0258 (C)
ILOKANO	Oahu	1	Registered	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H)
ILOKANO	Oahu	1	Registered	GONZALES, REMEDIOS	
ILOKANO	Oahu	1	Registered	FRONDA, CESAR B.	234-3671(C), cbfnam123@yahoo.com
ILOKANO	Oahu	1	Registered	FLORES, ABRAHAM R., JR.	352-3030(C)
ILOKANO	Oahu	1	Registered	ERENO, ALMOND JAYE C.	398-6835(C), ajereno@hawaii.edu or ajereno@gmail.com
ILOKANO	Oahu	1	Registered	DALERE, VICTOR T.	386-2401(C), 677-3662(B), 621-8969(H), vdalere@hotmail.com
ILOKANO	Oahu	1	Registered	CORTEZ, ALEXANDER B.	224-9290(C), alexbcortez@gmail.com
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ILOKANO	Oahu	1	Registered	ALIMBUYUGUEN, RAFAEL O.	484-9872(H), 382-0574(C)
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ILOKANO	Kauai	1	Registered	GARDUQUE, FELIPA-FELINA C.	822-2062(H)(F), 639-6590(C), 822-2464(B)
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ILONGO	Maui	1	Registered	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
ILONGO	Hawaii	1	Registered	MANIPOL-LARSON, JOCELYN	640-1540(C), 960-6006(B), raven_reuboni@yahoo.com
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JAPANESE	Oahu	2	Conditionally Approved	KATO, MASAHIKE T.	transcultural@hawaii.rr.com
JAPANESE	Oahu	2	Conditionally Approved	HASEBE, TSUGUMI	220-4162(C), tsugumihasebe@hawaii.rr.com
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JAPANESE	Oahu	1	Registered	TAKADA, MIHO	228-9288(C), mialilulu@gmail.com
JAPANESE	Oahu	1	Registered	SUK, LISA	349-2732(C), lisasuk@hotmail.com
JAPANESE	Oahu	1	Registered	STEELE, THOMAS A	955-4800(B)(F), globalmobile.tom@gmail.com
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JAPANESE	Oahu	I	Registered	KATAOKA, MISA	927-2000(C), hi9272000@hotmail.com
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JAPANESE	Oahu	I	Registered	CHINEN, DENISE A.	deniseaiko@hotmail.com, 561-8775(C)
JAPANESE	Oahu	I	Registered	BROWN, YUKI	291-6436(C), yukichanb@hawaii.rr.com
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JAPANESE	Kauai	I	Registered	SHINTANI, MAI	651-1146(C), maishintani@gmail.com
KINARAY-A	Maui	I	Registered	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
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COURT INTERPRETER REGISTRY
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May 16, 2013

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If you have any questions about the Registry, please contact the Office on Equality and Access to the Courts at 808-539-4860.

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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>DESIGNATION</u>	<u>NAME</u>	<u>CONTACT #</u>
KOREAN	Oahu	1	Registered	USLAN, KELEN E.	384-2610(C), 485-1633(H), dedicatedkelen@gmail.com
KOREAN	Oahu	1	Registered	SEAQUIST, CHRISTY Y.	942-5566(B), 358-4877(C), christysequist@hotmail.com
KOREAN	Oahu	1	Registered	PARK, EILEEN Y.	554-3512(C), 595-0036(H), 832-3370(B), emypark3043@hotmail.com
KOREAN	Oahu	1	Registered	PAK, TY	753-2963(C), tpak@hawaii.rr.com
KOREAN	Oahu	1	Registered	LUCKY, CHUNG W.	589-2702(H)(F), 351-7457(C), chung.lucky@gmail.com
KOREAN	Oahu	1	Registered	LEE, YUN I.	858-6549(P), 591-5425(H)
KOREAN	Oahu	1	Registered	LEE, KENNETH K.	585-1280(C), kkleee@kklee.com
KOREAN	Oahu	1	Registered	KIM-RAHMAN, YOUNGJA	218-1889(C), kimjan33@hotmail.com
KOREAN	Oahu	1	Registered	KIM, DANIEL B.	259-1766(C), dannybkim@yahoo.com
KOREAN	Oahu	1	Registered	JOHNSON, SE KYONG C.	772-8108(C), sekyong808@gmail.com
KOREAN	Oahu	1	Registered	JEFFERIES, MARGARET C.	256-1001(C), 236-2089(H), margaretj@hawaii.rr.com
KOREAN	Oahu	1	Registered	HIREMATH, SOYEON K.	277-8425(B)(C), 395-7843(H), soyeon.hiremuth@gmail.com
KOREAN	Oahu	1	Registered	CHOI, WONHO	772-8732(C), wonhocop@msn.com
KOREAN	Oahu	1	Registered	CHO, ESTHER S.	780-4347(C), 941-5415(H)(F), esthercho@hawaii.rr.com
KOREAN	Oahu	1	Registered	CHO, ELLEN	393-5299(C), ellencho72@gmail.com
KOREAN	Oahu	1	Registered	CHING, JULIA J. S.	258-5413(C), juliaching@hotmail.com
KOREAN	Oahu	1	Registered	CHANG, LYNNE J.	sasoonkona@gmail.com
KOREAN	Oahu	1	Registered	CAPLETT, JOANN J.	282-1115(C), 840-1344(H), sadako702@yahoo.com
KOSRAEAN	Oahu	1	Registered	FAGOTA, TULPE S. (RUTH)	203-3401(C), tulpe@hawaii.edu
KOSRAEAN	Oahu	1	Registered	ABRAHAM, HOWARD J.	203-7870(C), mutunte@yahoo.com
LAOTIAN	Oahu	4	Certified	TANHCHALEUN, CHOU L.	486-7882(H), aieamom@hotmail.com
LAOTIAN	Oahu	1	Registered	HU, VINCENT C. S.	265-6879(B)(C), 396-6387(F), vincenthuu@aol.com
MANDARIN	Oahu	4	Certified	LIU, XIN	(808) 222-4230(C), jy_603@yahoo.com
MANDARIN	Oahu	3	Approved	ZENG, SUZANNE M.	383-8594(C), 956-4421(B), 956-2078(F), suezeng@gmail.com
MANDARIN	Oahu	3	Approved	PERNG, AN-CHIH	383-0262(C), angieperng@gmail.com
MANDARIN	Oahu	1	Registered	YING, MONICA T.	languagemajor@gmail.com, (415) 937-1228(B)

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MANDARIN	Oahu	1	Registered	XU, MICHELLE WONG	(408) 676-9891(C)(H)(B), michellewongxu@gmail.com
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MANDARIN	Oahu	1	Registered	WONG, PATRICK T. C.	255-6188(C), patricktwong@yahoo.com
MANDARIN	Oahu	1	Registered	TSWEI, KATHY	735-0045(H)(B), 780-5583(C), 735-0030(F), kathy.tswei@hawaiiantel.net
MANDARIN	Oahu	1	Registered	TINAKORN, DANA	(310) 940-0789(C), dtinakorn@gmail.com
MANDARIN	Oahu	1	Registered	TEOHLU, ISABELLE A. K.	945-2926(H)(F)
MANDARIN	Oahu	1	Registered	SHIMABUKURO, LYNNETTE LEE LING	230-0826(C), 732-6205(H)(F), lynnstreasures@gmail.com
MANDARIN	Oahu	1	Registered	RICHARDSON, MELISSA J.	351-5210(H)(C), caoxueqin99@yahoo.com
MANDARIN	Oahu	1	Registered	NG, MEI LING	781-1878(C), 672-0510(F), ngm003@hawaii.rr.com
MANDARIN	Oahu	1	Registered	MA, GAIL Y. F.	561-3905(C), gailhorse@yahoo.com
MANDARIN	Oahu	1	Registered	LEE, ELENA	371-7622(C), 946-7270(F)
MANDARIN	Oahu	1	Registered	KONG, YUET MUI	yuetmui_kong@hotmail.com
MANDARIN	Oahu	1	Registered	CHOU, CHEN-LING (CELINE)	366-2120(C), 808translate@gmail.com
MANDARIN	Oahu	1	Registered	CHOI, JOHNSON	524-5738(B), 524-8063(F), jwkc8168@yahoo.com
MANDARIN	Oahu	1	Registered	CHOI, CANDY	429-2028(C), candychoi68@gmail.com
MANDARIN	Oahu	1	Registered	CHIU, RAYMOND A.	232-9070(C), raymengchiu@gmail.com, 728-4168(B)
MANDARIN	Maui	1	Registered	SO, GLORIA C. M.	228-6355(C), gloria.cm.so@gmail.com
MANDARIN	Hawaii	1	Registered	GRANT, YUHUAN Z.	(650) 223-4967(C), yuhuan@gmail.com
MANDARIN	Kauai	1	Registered	LU, WINNIE	639-7777(C)(B)(H), winnie@winnielu.com
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MARSHALLESE	Oahu	1	Registered	ALIK, CARMINA A.	429-2265(C)(B)
MARSHALLESE	Oahu	1	Registered	ABRAHAM, HOWARD J.	203-7870(C), mutunte@yahoo.com
MARSHALLESE	Hawaii	1	Registered	ENNE, BEN	443-7851(C), 964-8636(H)
MARSHALLESE	Hawaii	1	Registered	DOWNING, GEORGE A.	keola@hilobay.com, 965-9008(H)(B)
MARSHALLESE	Hawaii	1	Registered	BUNGITAK, JOHN	937-3835(C), 315-3597(H), bungitakjohn@gmail.com
MOKILESE	Hawaii	1	Registered	SMITH, AMY L.	345-8081(C), 238-0822(H), liosohs@hotmail.com

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MORTLOCKESE	Hawaii	1	Registered	AKAPITO, JULIO M.	557-7527(C), 935-2002(H), jmakapito45@hotmail.com
NGETIKESE	Hawaii	1	Registered	SMITH, AMY L.	345-8081(C), 238-0822(H), liosohs@hotmail.com
PIDGIN SIGNED ENGLISH	Oahu	4	Certified	LAMBRECHT, LINDA Y.	393-9861(C) Text Only, 734-9154 (B), aslteal@gmail.com or lambrech@hawaii.edu
PIDGIN SIGNED ENGLISH	Kauai	4	Certified	LITTLETON, LARRY M.	241-1386(Voice), 240-1717(Message), LarryMLittleton@gmail.com
PINGELAPESE	Oahu	1	Registered	ABRAHAM, HOWARD J.	203-7870(C), mutunte@yahoo.com
POHNPEIAN	Hawaii	1	Registered	YANGILMAU, SHIELA Y.	756-5679(C)
POHNPEIAN	Hawaii	1	Registered	SMITH, AMY L.	345-8081(C), 238-0822(H), liosohs@hotmail.com
PORTUGUESE	Oahu	1	Registered	IRIONDO SIMEK, MAYA V.	778-5125(C), mayairiondo@mac.com
PORTUGUESE	Oahu	1	Registered	HAYS, JOHN T., III	947-6013(H), johnthays@gmail.com
PORTUGUESE	Maui	1	Registered	TOYOSHIMA, LANCE	lancetoyo@gmail.com
PORTUGUESE	Maui	1	Registered	SCHLINGER, JADE J.	283-6915(C), kahakaloa@hotmail.com
PORTUGUESE	Maui	1	Registered	MORALES, DESIREE M.	298-5163(C)
PORTUGUESE	Maui	1	Registered	ADLER, MARTIN E.	870-0770(C), adlerm002@hawaii.rr.com
PORTUGUESE	Hawaii	1	Registered	NEALON, JOHN P.	358-8615(C), 968-9666(H), johnpnealon@gmail.com
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SERBIAN	Hawaii	1	Registered	ZJAK, DEJAN M.	345-2795(B), dejan2810@yahoo.com
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SPANISH	Oahu	6	Certified Master	HARPSTRITE, PATRICIA J.	347-8249(B)(C), 247-3578(H)(F), harpstrij001@hawaii.rr.com

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SPANISH	Oahu	4	Certified	SILVER, STEVEN C.	531-1073(B), steve@silverbridges.com
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SPANISH	Oahu	3	Approved	ZAMORA, REBECA	585-1974(C), rebezamo@gmail.com
SPANISH	Oahu	3	Approved	VEGA, LUZ	545-7806(H)(B), luzvl@earthlink.net
SPANISH	Oahu	1	Registered	YURKIEVICH, PABLO G.	783-0457(C), pyurkievich@hotmail.com
SPANISH	Oahu	1	Registered	WYSARD, NANCY S.	259-1129(C), wysard@hawaii.edu
SPANISH	Oahu	1	Registered	VELASQUEZ, CESAR A.	779-3082(C), cevel4@hotmail.com
SPANISH	Oahu	1	Registered	SONSON, JENNIFER C.	330-9315(C), 671-8886(B), jennifercorrea2012@gmail.com
SPANISH	Oahu	1	Registered	SMITH, WILLIAM H.	258-7971(C), 237-8301(H)(F), smithwn@hawaii.rr.com
SPANISH	Oahu	1	Registered	SIMBAHON, ALYSSA N. E.	282-9490(C), alyssa.simbahon@gmail.com
SPANISH	Oahu	1	Registered	ROBINSON, CLAUDIA M.	melarac@aol.com
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SPANISH	Oahu	1	Registered	PORRAS, KATHERINE A.	k.porras@ymail.com, (415) 685-6112(C)
SPANISH	Oahu	1	Registered	MIGUEL, SAMANTHA A.	
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SPANISH	Oahu	1	Registered	KAMOE, MICAH K. M.	953-5890(C), micahkmkamoe@gmail.com
SPANISH	Oahu	1	Registered	IRIONDO SIMEK, MAYA V.	778-5125(C), mayairiondo@mac.com
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SPANISH	Oahu	1	Registered	HAYS, JOHN T., III	947-6013(H), johnthays@gmail.com
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SPANISH	Oahu	1	Registered	DAVILA, DAMIAN	699-5577(C), damian@idaconcepts.com

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SPANISH	Oahu	1	Registered	CORREA, MARY ESTHER	689-4651(H), 619-446-9714(C), losamigosballet@yahoo.com
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SPANISH	Oahu	1	Registered	BALLESTEROS, LILIANA	888-4685(H), hokuconsulting@gmail.com
SPANISH	Oahu	1	Registered	AMBROSE, DONNA M.	469-6050(C), (866)759-8939(F), venice2kailua@hawaii.rr.com
SPANISH	Maui	4	Certified	MONTES, FRANCISCO J.	385-4522(B)(C), frncsmont@gmail.com
SPANISH	Maui	3	Approved	TORRES, SAUDINA O.	281-8629(C), saudina.torres@gmail.com
SPANISH	Maui	1	Registered	VILLARRUEL, PATRICIA	264-6729(C), pvillarruel808@gmail.com
SPANISH	Maui	1	Registered	TOYOSHIMA, LANCE	lancetoyo@gmail.com
SPANISH	Maui	1	Registered	SCHULTZ, OLIVIA E.	264-5702(C), bandjsch@msn.com
SPANISH	Maui	1	Registered	RUIZ-RIOS, NILSA M.	269-5652(C), nzyabucoa@yahoo.com
SPANISH	Maui	1	Registered	RAICH, NADIA	298-6860(C), alohaspanish@hotmail.com
SPANISH	Maui	1	Registered	PHILLIPS, ANA S.	298-0003(C), anasphillips@gmail.com
SPANISH	Maui	1	Registered	NEWLIGHT, NADINE	573-7730(H)
SPANISH	Maui	1	Registered	MORALES, DESIREE	298-5163(C)
SPANISH	Maui	1	Registered	LOWY, MARIANA	463-7204(C), mariana_lowy@hotmail.com
SPANISH	Maui	1	Registered	IUORNO, ANTHEA P.	573-5210(H)
SPANISH	Maui	1	Registered	HERNANDEZ, PHYLLIS M.	205-7289(C), phylliswailuku@aol.com
SPANISH	Maui	1	Registered	HAHN, VIVIANA E.	250-9696(B), vivihahn@hotmail.com
SPANISH	Maui	1	Registered	AVILA, JOSE A.	669-2042(H)
SPANISH	Maui	1	Registered	ADLER, MARTIN E.	870-0770(C), adlerm002@hawaii.rr.com
SPANISH	Hawaii	4	Certified	NEALON, JOHN P.	358-8615(C), 968-9666(H), johnpnealon@gmail.com
SPANISH	Hawaii	4	Certified	LOPEZ-FISHER, MARIA E.	987-1273(B)(C), 326-5635(H), 331-8626(F), mlopezrg@yahoo.com
SPANISH	Hawaii	3	Approved	SCHICK, ELIZABETH R.	640-6120(B)(C), eschick@hawaii.rr.com
SPANISH	Hawaii	1	Registered	WOODS, ADRIANA V.	333-9680(B), bam_adri@yahoo.com
SPANISH	Hawaii	1	Registered	VALENCIA, MARTA E.	333-5339(H)(F), 987-1060(C), martaevaencia@yahoo.com

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SPANISH	Hawaii	1	Registered	SOLER, DIANA A.	895-6010(C)
SPANISH	Hawaii	1	Registered	SEABURY, ALFRED	430-1014(C), 968-6917(H), alf@hawaiiislandrealestate.us
SPANISH	Hawaii	1	Registered	SAENZ, JULIO	935-7844(B), jrs093065@yahoo.com
SPANISH	Hawaii	1	Registered	RODRIGUEZ GUILLEN, SANTIAGO	329-8076(H), 989-8076(C)
SPANISH	Hawaii	1	Registered	RODRIGUEZ, ANNET	annetrod@gmail.com
SPANISH	Hawaii	1	Registered	ROBERTS, MARIA R.	355-2213(H), 987-7100(C), romaria@juno.com
SPANISH	Hawaii	1	Registered	POBLETE, CECILIA M.	936-8714(C), ceciliapoblete@hotmail.com
SPANISH	Hawaii	1	Registered	MADRIGAL, CARIDAD MARITZA	217-7668(C), lahaweyana@yahoo.com
SPANISH	Hawaii	1	Registered	HIDALGO, ROLANDO G.	937-6313(C), 322-3867(H)(B), rfarmshawai@yahoo.com
SPANISH	Hawaii	1	Registered	HART, TAMARA O.	443-9247(C), 982-7431(H)
SPANISH	Hawaii	1	Registered	GOMEZ-PEREZ, JUDITH M.	987-4789(C), 325-5901(H), munecapreciosa43@yahoo.com
SPANISH	Hawaii	1	Registered	FRITZ, ESTHER	313-9972(C), estherfritz@gmail.com
SPANISH	Hawaii	1	Registered	FRANCO, LEONEL D.	640-8808(C), leofranco7@gmail.com
SPANISH	Hawaii	1	Registered	FIGUEROA, BERTA A.	345-0006(C), 345-7020(B), bertafig@hotmail.com
SPANISH	Hawaii	1	Registered	ESPINOSA, ROSARIO D. P.	333-7688(C), sathya592000@yahoo.com
SPANISH	Hawaii	1	Registered	DESROSIERS, MARY ELLEN	241-2910(C)
SPANISH	Hawaii	1	Registered	CUSHMAN, LAURA L.	(971)235-1106(C), laura_cushman@hotmail.com
SPANISH	Hawaii	1	Registered	COUSINS, CARMELINA O.	775-1001(B)(H), tcousaaa@aol.com
SPANISH	Hawaii	1	Registered	COOPER, GABRIELLA K.	328-9696(H), 987-6364(C), 328-9697(F), kamana001@gmail.com
SPANISH	Hawaii	1	Registered	CHASTAIN, WALLACE W.	965-6101(H)(B), 557-4772(C), wally@wallywchastain.com
SPANISH	Hawaii	1	Registered	BUECHELE, THOMAS J.	895-4438(W), tombuechele1@mac.com
SPANISH	Hawaii	1	Registered	BERNSTEIN, ALEXANDRA N.	883-3666(H)
SPANISH	Hawaii	1	Registered	AHIER-MCCABE, JENNIFER L.	896-6505(C), jenn_ahier@yahoo.com
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<u>LANGUAGE</u>	<u>ISLAND</u>	<u>TIER</u>	<u>DESIGNATION</u>	<u>NAME</u>	<u>CONTACT #</u>
SPANISH	Kauai	1	Registered	TORRES, LYNNE	332-9767(B), lynnetorres@yahoo.fr
SPANISH	Kauai	1	Registered	OLSEN, KEITH C.	alohakokua810@gmail.com, 822-2032(H), (707) 433-9616(C)
SPANISH	Kauai	1	Registered	GALVAN, DANITZA M.	246-2030(H), earlewave@hawaiiantel.net
TAGALOG	Oahu	2	Conditionally Approved	QUIBOL, LOLITA A.	368-5415(C), laquibol@gmail.com
TAGALOG	Oahu	2	Conditionally Approved	LIM, BERNADINE P.	732-2910(H), mblim316@yahoo.com
TAGALOG	Oahu	2	Conditionally Approved	CORTEZ, ALEXANDER B.	224-9290(C), alexbcortez@gmail.com
TAGALOG	Oahu	2	Conditionally Approved	CALAYCAY, EDMUND S., JR.	497-0091(C)(B), edjrcalaycay@gmail.com
TAGALOG	Oahu	1	Registered	WASHBURN-REPOLLO, EVA ROSE B.	735-4874(B), 728-3089(C), erepollo@yahoo.com
TAGALOG	Oahu	1	Registered	TIPON, EMMANUEL S.	225-2645(C), filamlaw@yahoo.com
TAGALOG	Oahu	1	Registered	TAGAYUNA, AL A.	286-2767(C), 637-9038(H)(F), altagayuna@yahoo.com
TAGALOG	Oahu	1	Registered	NELSON, CRYSTAL Y. D.	230-1150(C), 487-8765(H), crystaldnelson@yahoo.com
TAGALOG	Oahu	1	Registered	MARTINEZ, ROLANDO M.	680-0230(H), 382-0258 (C)
TAGALOG	Oahu	1	Registered	MANZANO, MARIA CORAZON B.	282-3081(C)
TAGALOG	Oahu	1	Registered	LAZARTE, LILIA EDNA B.	306-1218(C), 678-1088(H)
TAGALOG	Oahu	1	Registered	LABRADOR, JERALDINE C.	523-8799(H), 256-9622(C), gigi@mclabrador.com
TAGALOG	Oahu	1	Registered	FRONDA, CESAR B.	234-3671(C), cbfnam123@yahoo.com
TAGALOG	Oahu	1	Registered	FARINA, JACQUELINE	941-1616(H), 741-1000(C), naninani@hawaiiantel.net
TAGALOG	Oahu	1	Registered	DALERE, VICTOR T.	386-2401(C), 677-3662(B), 621-8969(H), vdalere@hotmail.com
TAGALOG	Oahu	1	Registered	CLEMSON, MYRNA N.	626-0556(H), myrnbo@yahoo.com
TAGALOG	Oahu	1	Registered	CARPIO, MARIA A.	841-3312(H), zee.carpio@gmail.com
TAGALOG	Oahu	1	Registered	CAMBE, ASHLEY JOY E.	225-0119(C), ashleycambe@yahoo.com
TAGALOG	Oahu	1	Registered	BONILLA, CESAR G.	372-0264(C), alohapilipinas@yahoo.com
TAGALOG	Oahu	1	Registered	BARTOLOME, HONOFRE E.	450-5093(C)
TAGALOG	Maui	1	Registered	VILLEGAS, SYDNEY G.	874-8714(H), 205-7274(C), syds329@yahoo.com
TAGALOG	Maui	1	Registered	LUBATON, EUFEMIA P.	205-8108(C), 874-7554(H), emie_wolf2009@yahoo.com
TAGALOG	Maui	1	Registered	LOPEZ-RAHMAN, LILIA B.	871-4950(H)(B), lilia3843@msn.com

THE JUDICIARY • STATE OF HAWAII
COURT INTERPRETER CERTIFICATION PROGRAM
COURT INTERPRETER REGISTRY
External Distribution
May 16, 2013

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TAGALOG	Hawaii	1	Registered	MANIPOL-LARSON, JOCELYN	640-1540(C), 960-6006(B), raven_reuboni@yahoo.com
TAGALOG	Hawaii	1	Registered	GUENTHOER, JAMES R.	769-1113(C), bumbero911@hotmail.com
TAGALOG	Hawaii	1	Registered	ANTONIO, FERRO E.	895-2017(C), 966-8573(H)(F)
TAGALOG	Kauai	1	Registered	GOLDBERG, MARY CAMELA T.	332-7848(H), 652-7799(C)
TAGALOG	Kauai	1	Registered	GARDUQUE, FELIPA-FELINA C.	822-2062(H)(F), 639-6590(C), 822-2464(B)
TAGALOG	Kauai	1	Registered	GARDUQUE, CHITO P.	822-2062(H)(F), 639-0718(C)(B), tochig@hotmail.com
TAGALOG	Kauai	1	Registered	ABADILLA, DANILO P.	346-1830(C), abadilla@alum.bu.edu
TAIWANESE	Oahu	1	Registered	TSWEI, KATHY	735-0045(H)(B), 780-5583(C), 735-0030(F), kathy.tswei@hawaiiintel.net
TAIWANESE	Oahu	1	Registered	TINAKORN, DANA	(310) 940-0789(C), dtinakorn@gmail.com
TAIWANESE	Oahu	1	Registered	TEOHLU, ISABELLE A. K.	945-2926(H)(F)
TAIWANESE	Oahu	1	Registered	LEE, ELENA	371-7622(C), 946-7270(F)
THAI	Oahu	2	Conditionally Approved	TANHCHALEUN, CHOU L.	486-7882(H), aieamom@hotmail.com
THAI	Oahu	1	Registered	TAKAHASHI, CHINTANA Y.	956-3556(B), 626-4454(H), chintana@hawaii.edu
THAI	Oahu	1	Registered	OSTROWSKI, DEJA M.	699-0609(C), dejamarie@gmail.com
THAI	Oahu	1	Registered	HU, VINCENT C. S.	265-6879(B)(C), 396-6387(F), vincenthuu@aol.com
THAI	Oahu	1	Registered	CROUSORE, SUNISA C.	349-9599(C), schaviwanc@gmail.com
TONGAN	Oahu	2	Conditionally Approved	KAULUKUKUI, SOFOLONIA F.	421-7227(C), niak808@yahoo.com
TONGAN	Oahu	1	Registered	FINAU, SAIA S.	841-7293(B)(H), 428-8213(C), 843-1071(F), saiasfinau@gmail.com
TONGAN	Maui	1	Registered	OLEVAO, SIONE K.	269-4869(C), lunas4life2011@gmail.com, 661-9080(F)
TONGAN	Maui	1	Registered	MAKONI, ANA	283-8076(C)(H), anamakoni@gmail.com
TONGAN	Hawaii	2	Conditionally Approved	TUIKOLOVATU, AISEA T.	938-6374(B)(C), 325-6234(H)(F), bestchoiceinconstruction@msn.com
VIETNAMESE	Oahu	3	Approved	CRUMPTON, THU-HUONG T.N.	284-0429(C), 239-5532(H), huyenthuhuong44@yahoo.com and huyenthuhuong@hotmail.com
VIETNAMESE	Oahu	2	Conditionally Approved	NGUYEN, STEVE	371-4422(C), trungmail@hotmail.com
VIETNAMESE	Oahu	1	Registered	NGUYEN, TONY H.	227-0136(C), tiengnguyen68@hotmail.com
VIETNAMESE	Oahu	1	Registered	NGUYEN, KIM NGOC P.	220-2762(C), kngoc3@yahoo.com
VIETNAMESE	Oahu	1	Registered	NGUYEN, ANH TU Q.	772-9797(B), anhtuq@gmail.com

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VIETNAMESE	Oahu	1	Registered	LE, LINA M.	linale90@gmail.com
VIETNAMESE	Oahu	1	Registered	LAM, TAMMY THANH	256-4161(C), tam_lam26@yahoo.com
VIETNAMESE	Oahu	1	Registered	BUI, THOMAS A.	387-2374(C)

DEPARTMENT OF HUMAN SERVICES			EMPLOYEE AND COMMUNITY INTERPRETER LIST					
LAST NAME	FIRST NAME	POS. TITLE	ISLAND	DIV.	UNIT	PHONE #	LANGUAGE (or Dialect)	
			<u>KAUAI</u>					
DOUTHITT	LUCY	C/APS SUPV	KAUAI	SSD	CENTRAL CWS	274-3311	SPANISH	
GALVAN	DARITZA	TRAINER	KAUAI	COMVOL	VOLUNTEER	246-2030	SPANISH	
SUMMERS	MOLLY	COMM VOL	KAUAI	COMVOL	COM	245-8349	HAWAIIAN	
ROSSI	PUA	COM. VOL	KAUAI	COMVOL	COM	245-8295	HAWAIIAN	
KALIKO	PUA	COM. VOL	KAUAI	COMVOL	COM	335-8410	HAWAIIAN	
			<u>HAWAII</u>					
ANDERSON	RONALDE	SSAIV	HAWAII	SSD	WHAPCS/ Unit 38	327-6278	FRENCH	
ANDERSON THOMAS	RONALDE PERCILA B.	SSAIV COM.VOL.	HAWAII	SSD	WHAPCS/ Unit 38	327 6278	TAHITIAN	
KENSEN	JOHNNY	COM.VOL.	HAWAII	COM VOL	COMMUNITY VOLUNTEER	699-3627	MARSHALLESE	
MATHEW	MARVIN J	OFFICE ASST III	HAWAII NHIL	COM VOL	COMMUNITY VOLUNTEER	238-9936	CHUUKESSE	
			HAWAII NHIL	BESSD.NIB.EHS	MMATHEW@DHS.HAWAII.GOV	933-0331	PALAUAN	
			<u>OAHU</u>					
MIU	CHARLES	FTW	OAHU	BESSD	WAIHAWA FTW UNIT	622-0541	CANTONESE	
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUAAHI #103	586-3730	CANTONESE	
KEMPER	MAIJA	ELIG WKR	OAHU	BESSD	PUNAAWAI UNIT	587-5288	FINNISH	
BUMAGAT	MATILDE	CLK	OAHU	BESSD	WAIKELE IM	675-0042	ILOCANO	
SALCEDO	DIANN	ELIG WKR	OAHU	BESSD	PAUAAHI	586-3732	KOREAN	
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUAAHI #103	586-3730	MANDARIN	
MIZUNO	DIANE H.	EWI	OAHU	BESSD	PAUAAHI #103	586-3730	VIETNAMESE	
YANONG	CERES	SECY	OAHU	BESSD	WAIANA E FTW	692-7760	VISAYAN	
CHU	YUEN KAI	PA CLK	OAHU	FMO	MPS	586-5043	CANTONESE	
GOMEZ	CYNTHIA	ACCT	OAHU	FMO	PRGM ACCTG I	586-5647	TAGALOG	
RUBIO	NINETH	ACCT CLK	OAHU	FMO	COLL/RECVRY	586-5206	VISAYAN	
IBRAHIM	SAHAR	BLDG ENG	OAHU	HPHA	DB/CMS 2	832-6006	ARABIC	
LUMABAO	PLACIDO	BMW	OAHU	HPHA	PMMSB/OMU III	832-3153	ILOCANO	
TOGIA	AITOFELE E.	SSA1 TEN.AIDE	OAHU	HPHA	HPHA	832-3336	SAMOAN	
LUMABAO	PLACIDO	BMW	OAHU	HPHA	PMMSB/OMU III	832-3153	TAGALOG	
BURMEISTER	KATHARINA	ELIG WKR	OAHU	MQD	EB OOU III	587-3548	GERMAN	
CHARLES	HUI SON	ELIG WKR	OAHU	MQD	EB OAU II	587-3564	KOREAN	
CHOI	SHIH-FONG	ELIG WKR	OAHU	HPHA	UNIT 115	587-3540	CHINESE	
NAKASONE	IMELDA C.	CLERK	OAHU	MQD	CSB/MFIS	692-8162	TAGALOG	
NAKASONE	IMELDA C.	CLERK	OAHU	MQD	CSB/MFIS	692-8162	VISAYAN	

YU	MINGQIU	RES STAT	OAHU	MSQ	RESEARCH	586-5111	MANDARIN
ZHANG	JING	INFO TECH SPEC	OAHU	OIT	OIT	586-9441	MANDARIN
TUILLAEP	SALE	YCO	OAHU	OYS	HYCF	848-0741	SAMOAN
BALLESTEROS	VICTOR	YCO	OAHU	OYS	HYCF	266-9500	SPANISH
SANCHEZ	RAUL	ARBOR E&T	OAHU	BESSD/AR	Child Care Unit 101	566-2616	SPANISH
HARGROVE	HAIDEE C.	BUS ANALYST	OAHU	SO	SYSTEMS	692-7963	TAGALOG
MORIN	JOYLYN	SOCIAL WKR	OAHU	MQD	DH/HCSB/MPRS	832-0232	ILOCANO
MASANIAI	BEATA	C/APS SPC	OAHU	SSD	SP SVC CMU	692-7838	POLISH
NIUPULUSU	BARBARA C.	SS AIDE	OAHU	SSD	CCWSS/CCW2	692-7800	SAMOAN
MC GOVERN	CRISSEY K.	SSWII	OAHU	SSD	CWSB/DHCWSS/DHCWSU3	832- 5347	SAMOAN
VILLAREN III	LITA	SOC.WKR III	OAHU	SSD	CWS/CCWP	832-5473	SPANISH
GALLANO	IRENIO	SSA	OAHU	SSD	DHCWSU 3	832-5344	SPANISH
GALLANO	LORNA D.	ACCT CLK	OAHU	VRSBD	SBB/ES	586-5257	ILOCANO
LUKUKUI	LORNA D.	ACCT CLK	OAHU	VRSBD	SBB/ES	586-5257	TAGALOG
HOELLEY	NAI	COM.VOL	OAHU	CT/MED	NIAK8082@YAHOO.COM	421-7227	TONGAN
ICHITA	JOHNNY	PROGSPEC	OAHU	PATCH	PREESCHOOL OPN DRS	791-2133	POHNPEIAN
WHITE	ELFTA	SS AIDE I	OAHU	SSD	AMP31	686-9815	CHUUKKESE
KOU	LAURA	VRSBD, DCS	OAHU	VRSBD (808)	VRSBD.DBB laura@hawaii.edu	754-5792	PORTUGUESE
MANZANO	JOHNNY	ELIG.WORKER I	OAHU	BESSD WAIPAHI	johnny8362385@yahoo.com	836-2385	SPANISH
BAMRUNGRUAN	HELENA	LEP KOLEA PROJ.M	OAHU	DIR OFFICE	hmanzano@dhs.hawaii.gov	586-5062	TAGALOG/ILOCANO
MACARAEG	APHIRAK	LEP KOLEA PRO CQ	OAHU	DIR OFFICE	abamrungruan@dhs.hawaii.gov	586-5069	THAI
ZHOU	AGNES S.	ELIGIBILITY WKR I	OAHU	MQD/EB/OS/OUII	See directory when assigned	587-3531	ILOCANO/TAGALOG
	SHARON X.	PUB HOUSING SPEC	OAHU	HPHA/AMP30	Sharon X Zhou/DHS/StateHHS	483-2550	CANTONESE&MANDARIN

LANGUAGE ASSISTANCE RESOURCES		
	Interpretation (Spoken and Signed)	
Benjamin J. Boud (Chinese/English)	bcbb@uphill.com	1 (808) 343-3133
Bilingual Access Line (Lang Services)	http://languageserviceshawaii.com	1 (808) 393-7060
East-West Concepts, Inc. (Kauai)	Janos Samu eastwestconcepts@aol.com	1 (808) 332-5220
Equality and Access to the Courts	http://humanservices.hawaii.gov	1 (808) 539-4860
Hawaii LLC 1 (866) 386-5057 (fax)	1sh@languageserviceshawaii.com	1 (808) 393-7060
Hawaii Interpreting Services (ASL)	Sign Language	1 (808) 394-7706
Helping Hands Hawaii	Bilingual Access Line	1 (808) 526-9724
Island Skill Gathering	Valerie Miehlslein val@isginc.org	1 (808) 732-46-22
Optimal Phone Interpreters	Cathy Delgardo or Michael Lane x144	1 (866) 380-9410 x154
Pacific Gateway Center	colleen@pacificgatewaycenter.org	1 (808) 851-7055
Phyu Hnin "Lilo" Aye	Program Coordinator or ozy@pacificgatewaycenter.org	1 (808) 851-7020 x213
	or Ronnie Bautista	1 (808) 851-7010 x215
Language Line	6 digit access code needed from Division Office	1 (800) 874-9426
Pacific Interpreters	Recently purchased by Language Line	1 (800) 311-1232
Maui Filipino Group	11bmaui@yahoo.com	1 (808) 298-3167
Tele-interpreter	Access code needed 1 (866) 380 9410	1 (800) 811-7881
Vergara, Herman	hermanvergara2008@gmail.com	1 (702) 458 5311
	Translation	
Transperfect	demerv@transperfect.com	1 (202) 347-2300
ViaDelivers (Via Language)	Nancy Pautsch www.viadelivers.com	1 (808) 737-8481 x1018
	Websites and Directories	
American Translators Association	http://www.atanet.org	1 (703) 683-6100
Appleseed, Inc.	http://www.appleseedinc.net	1 (808) 938-8410
Corporate Translation Services, Inc.	http://www.ctslanguageink.com	1 (424) 270-0035
Court Interpreter List	http://www.courts.state.hi.us/docs/services/interpreters.pdf	1 (808) 539-4860
Disability & Communication Access Board	http://hawaii.gov/health/dcab/communicationaccess/interpreters	1 (808) 586-8121
EastWest Concepts	http://www.eastwestconcepts.com	1 (808) 332-5220
Federal Guidelines and Gen. Resources	http://www.lep.gov	1 (202) 514-2000
Hawaii Interpreting Services	http://www.interpretinghawaii.com	1 (808) 394-7706

Language Line Services, Inc.	http://language-line.com	1 (800) 874-9426
Migration Policy Institute	http://www.migrationinformation.org/datahub	1 (202) 266-1940
National Assoc. of Judiciary Interpreters	http://www.najit.org	1 (202) 293-0342
Office of Language Access	http://labor.hawaii.gov/ola (Health)	1 (808) 586-8730
Pacific Gateway	http://www.pacificgateway.org	1 (808) 851-7055
Tele-interpreter	http://www.teleinterpreters.com/need_interpreter_now.aspx	1 (866) 380-9410
Transperfect	http://www.transperfect.com	1 (202) 347-2300
USDHHS, OCR	http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html	1 (415) 437-8310
ViaDelivers	http://www.viadelivers.com	1 (808) 737-8481

Department of Human Services

2013

Language Access Training



(rev. 3/1/2013)

1

Free Interpreter Services

Available to assist with access to DHS Services

Call Toll-Free 1-888-764-7585

Malo e lelei • Hola • Kaselehlia • Bula
Ia ora na • Aloha • Iakwe • Ciao
Mingala ba • Sabaidee • Hafa • Ran allim
Talofa • Kumusta • Chào Hello
你好 안녕하세요 नमस्ते

(rev. 3/1/2013)

2

Overall Goals

- Increase awareness and ability to provide language access services with standardized interpreter procedures including the following:
 - What clients' rights are
 - How to provide services
 - How to document

(rev. 3/1/2013)

3

Training Goals

- Increase your awareness of and ability to provide, language access services
- Prevent discriminatory practices
- Ensure that individuals with language needs understand their rights and our services
- Standardize interpreter procedures
- Promote data collection about populations with language access needs

(rev. 3/1/2013)

4

Agenda

- I: Background
- II: What to do When You Encounter an LEP Individual
- III: Discrimination Complaint Procedure
- IV: Summary

(rev. 3/1/2013)

5

Part I: Background



(rev. 3/1/2013)

6

Federal and State Laws regarding Limited English Proficiency

- Federal: Title VI of the Civil Rights Act of 1964 (*National Origin*)
- State: Hawaii Revised Statutes chapter 371, Part II (2006, *Language Access*)
 - Applies to all State public contact activities
 - Ensures competent, timely, free language assistance services

(rev. 3/1/2013)

7

Applicable DHS Policies and Procedures

You need to be familiar with and follow these policies:

- 4.10.1 Non-Discrimination in Employment and Services Discrimination Complaint Procedure
- 4.10.3 Opportunity to Participate in Programs, Services and Activities (Revised 2007)
- 4.10.4 Access (Revised 2009)

(rev. 3/1/2013)

8

Who is a Limited English Proficient Person?

- Primary language is not English
- Limited ability to read, write, speak, and/or understand English
- Self-identify as LEP individual

(rev. 3/1/2013)

9

Meaningful Access

Means individuals are informed of, able to participate in, and benefit from the services, programs and activities offered by the DHS

Clients and program participants shall be informed of their right to:

- Interpreter services that are provided free of charge to applicants and clients; and
- File a discrimination complaint

(rev. 3/1/2013)

10

Interpretation services (Oral)

In-Person

Telephonic

Oral interpretation of written documents
(in-person or telephonic)

(rev. 3/1/2013)

11

Translation (Written)

- The Department and Divisions provide some translated documents for expediency
- If an LEP client requires assistance to understand an English document, arrange for an interpreter to orally interpret the document

(rev. 3/1/2013)

12

Translation (Written)

- Check with your supervisor if:
 - a written translation is requested, or
 - you need a foreign language document translated into English
- Foreign language documents may also be orally interpreted

(rev. 3/1/2013)

13

Part II: What to do When You Encounter an LEP Individual



(rev. 3/1/2013)

14

Step 1:

Determine what language the LEP individual is speaking

- Application form
- Office of Language Access poster available at <http://humanservices.hawaii.gov> in the Civil Rights Corner
- “I Speak” cards (See deskbook and protocols)

(rev. 3/1/2013)

15

Free interpreter services available to assist with access to DHS services

Call Toll-Free 1-888-7647586



免費的翻譯員服務, 以幫助 DHS
的服務, 請打免費電話 1-888-764-7586.



DHS (후생국)의 서비스들을 받기 위해서 무료 통역
서비스를 이용할 수 있으며 무료-작품전화
1-888-764-7586으로 연락하세요.



Mei or ei neni ka tongeni kokori ika pwe ke
mochen nounou chon chiaku ese kamo ei
neni itan DHS nampun 1-888-764-7586.



Adda Libre a Serbisyo dagiti Interpreter nga
tumolong a sumrek kadagiti serbisyo ti
DHS. Tawag 1-888-764-7586

(rev. 3/1/2013)

16

Step 1: (cont.)
Determine what language the
LEP individual is speaking

- Tele-Interpreters: 1-866-874-3972
Client ID# for _____ is _____
Dept. _____ 6 digit
or Language Line 1-800-811-7881
Be creative: What else could you use?
 - Maps
 - Flags
 - Script

(rev. 3/1/2013)

17

Step 2:
Document offer of
no-cost interpreter services

- Have the individual complete and sign the
“Offer and Acceptance or Waiver of Free
Interpreter Services” form, DHS 5000
 - Document offer of no-cost interpreter services and
whether the individual accepts or declines the offer
 - Interpretation may be necessary to explain the form

(rev. 3/1/2013)

18

Sample DHS 5000 Form

**OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES**

Case Name: _____ Case Number: _____
 Worker: _____ Unit: _____
 Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1. **ENGLISH is my primary language:** ☐ YES ☐ NO

2. ☐ I do not want an interpreter. If you do not want an interpreter go to part 4 and sign below.
☐ I need an interpreter for the following language: _____
 If you need an interpreter, go to part 3, and check the box that applies to you.

3. ☐ I want DHS to provide an interpreter at no cost to me.
☐ I do not want an interpreter provided by DHS, and I will provide my own.

• I understand that DHS may require an independent interpreter to observe any interpreter to ensure the accuracy of the communication.

• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.

• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors as interpreters.

• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.

4. I have read and understood the information on this form. If I have questions or concerns, I can contact the worker listed above.

Print Name: _____
 Signature: _____ Date: _____

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Step 2: Form DHS 5000 (cont.)

- The form is valid until a change is requested by the client
- If the client has used no-cost interpreter services and changes to using their own interpreter, or vice versa, they must sign a new form to document and make the change

(rev. 3/1/2013)

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Step 3: Arrange Interpreter Services

- **Examples of interpreter services:**
 - **Volunteer**
 - DHS Employees
 - Other agencies and entities
 - **Paid Interpreters**
 - see Language Assistance Resources list
 - **Adult friends/family**
- **Follow your division procedures regarding the type of interpreter services to use, which may depend on the situation**

(rev. 3/1/2013)

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Volunteer Employee Interpreter

- **Bilingual staff employed by DHS, who have agreed to interpret on a volunteer basis**
- **Contact volunteer employee within proximity of your office, if possible**
- **Be considerate of the volunteer employee's time**
- **Follow your division's procedures for use of volunteers, and for providing interpreter services if you are a volunteer interpreter**

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Volunteer Staff Interpreter (continued)

- If you are interested in becoming a volunteer, contact the DHS Civil Rights Compliance Section (CRCS) at 586-4955
- The list is updated by CRCS and made available to all divisions in DHS

(rev. 3/1/2013)

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Paid Interpreters

- If you are unable to find a qualified volunteer interpreter, use a paid interpreter
- Language Assistance Resources
 - list of agencies and individuals that provide interpreter services; maintained by CRCS
- Follow your division's procedures, if available, to obtain a paid interpreter

(rev. 3/1/2013)

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Use of Family or Friends as Interpreters

- If, after the offer of free language assistance, an LEP individual elects to use a family member or friend, you must take reasonable steps to determine if the individual providing the interpretation is competent to provide this service

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Need to take reasonable steps and avoid pitfalls

- Determine whether conflict of interest, confidentiality or other concerns make use of the family member or friend inappropriate
- Use significant caution if the LEP person asks to have a minor provide interpretation
- Only in rare emergency situations can a person under the age of 18 provide interpreting services (almost never)
- You must provide interpreter services in place of, or in addition to, the person selected by the LEP individual when he or she insists on using a friend or family member to interpret

(rev. 3/1/2013)

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For LEP person who declines the offer for DHS interpreter services

- DHS staff shall document:
 - A. That an offer was made by the DHS to provide an interpreter free of cost
 - B. That the offer was declined and
 - C. The name of the family member or friend who provided language assistance at the LEP individual's request

(rev. 3/1/2013)

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LEP Individual Who Has Declined the Offer for Interpreter Services

- Shall be informed that the individual may reconsider and request an interpreter at any time

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Interpreter Guidelines

- Use an interpreter who is proficient in English and in the other language
- Complete Form DHS 5050
- You may need to complete the DHS 5050 for a telephonic interpreter. Document that you completed the form with information provided by the interpreter
- Use common sense: if an interpreter is not working out for a particular situation (regardless of fluency), get another one

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Language Assistance Resources

INTERPRETATION (Oral)

Benjamin J. Boud (Chinese/English)	bcb@uphill.com	1 (808) 343-3133
East-West Concepts, Inc. (Kauai)	Jane Samu eastwestconcepts@aol.com	(808) 332-8220
Equality and Access to the Courts	Court Interpreter List http://humanservices.hawaii.gov	(808) 539-4880
Hawaii Interpreting Services (ASL)	Sign Language	(808) 394-7708
Helping Hands Hawaii	Bilingual Access Line	(808) 628-8724
Island Skill Gathering	Valerie Miehsteln val@taginc.org	(808) 732-4622
Optimal Phone Interpreters	Cathy Delgado ext. 154	1 (888) 380-8410
Pacific Gateway Center	Phyu Hinn "Lilo" Aye, Program Coordinator	(808) 881-7000
Tele-Interpreter	Access Code Needed by Division	1 (888) 674-3872
Vergara, Herman, Individual	hermanvergara20082@gmail.com	(702) 488-5311

DHS Free Interpreter Services available to assist with access to DHS services:

Call toll-free 1-888-764-7586

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Language Assistance Resources

(Continued)

TRANSLATION (Written only)

Appleseed, Inc.	Krisztina Samu@appleseedinc.net	1 (609) 561-9253
Transperfect	demery@transperfect.com	1 (202) 347-2300
Via Language Via Delivers (name change)	Nancy Pautsch www.viaLanguage.com	1 (800) 737-8481 x1018

Interpretation and Translation

Center for Interpretation and Translation Studies suezeng@hawaii.edu (808) 956-4421

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Language Assistance Resources

Websites

<http://www.>

Appleseed, Inc.	appleseedinc.net
Corporate Translation Services, Inc.	ctslanguagelink.com
Court Interpreter List	state.hi.us/jud/pdf/interpreters.pdf
East-West Concepts	eastwestconcepts.com
Federal Guidelines	lep.gov and ojp.usdoj.gov/ocr
Language Line Services, Inc.	languageline.com
Migration Policy Institute	Migrationinformation.org/datahub
Office of Language Access	hawaii.gov/labor/ola
Pacific Gateway	pacificgateway.org
Pacific Interpreters	pacificinterpreters.com
Tele-interpreter	teleinterpreters.com/need_interpreter_now.aspx
Transperfect	transperfect.com
USDHHS, OCR	hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html

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Sample Interpreter Form DHS 5050

INTERPRETER FORM

Name: _____ Language: _____
 Phone No: _____ Email Address: _____
 DHS Division/Branch/Section/Unit: _____
 DHS Position Title: _____
 Company: _____
 Address: _____

For DHS Staff Volunteer Interpreter:
☐ I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.
☐ I do not want to be on the DHS List of Volunteer Interpreters; however I will provide interpreter services for _____.

For Family And Friends Providing Interpreter Services:
 Name of person you are interpreting for: _____
 Your relationship to the person you are interpreting for: _____

I state that the following are true:
☐ I have read and understand the Interpreter Code of Ethics (on the back of this form), and agree to follow it when providing interpreter services;
☐ I am 18 years of age or older and, _____

Check on applicable:
☐ I am conversant in English and the language listed above;
☐ I can interpret to and from English and the language listed above;
☐ I can translate written English to the language listed above;
☐ I can translate the written language listed above to English.

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

(rev. 3/1/2013)

Interpreter Code of Ethics

- Accuracy**
 - Interpreters shall convey the message and tone of the speaker accurately and completely, without adding or deleting anything.
 - Interpreters shall accurately interpret offensive language, obscenity, and must maintain confidentiality and shall maintain composure while interpreting in emotionally charged situations.
 - Interpreters shall seek clarification when required.
 - Upon recognizing that a communication may have been misunderstood, interpreters may bring the parties understanding to the attention of the provider, who will decide how to proceed. (Do not be done in legal proceedings.)
- Confidentiality**
 - Interpreters shall keep confidential all language-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written records.
- Impartiality**
 - Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
 - Interpreters shall remain neutral regarding any party that might be perceived as a conflict of interest.
 - Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is respectful, impartial, unbiased and culturally sensitive.
- Role Expectations**
 - Interpreters shall use first person speech to help facilitate as much direct communication as possible.
 - Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
 - Interpreters shall not interpret personal opinions or give counsel or advice to individuals he or she is interpreting.
- Professionalism**
 - Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
 - Interpreters shall not promote their own business directly with the agency's customers or recruitment personnel or otherwise lose from them.
 - Interpreters shall accurately represent their qualifications, training and experience, and shall decline from accepting assignments for which they are not qualified.
 - Interpreters shall participate in continuing education programs when available.
 - Interpreters shall evaluate feedback in order to improve their performance.

Adapted from Dr. Barbara Jones, Center for Interpretation and Translation Studies, University of Texas at Dallas

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DHS Form 5050 (cont.)

- All Interpreters must complete the Interpreter Form, DHS Form 5050, including:
 - Friends/Adult Family member
 - Bilingual employee who is not on the DHS volunteer list
- The following do NOT need to complete DHS Form 5050:
 - DHS contracted interpreters
 - DHS employees on the DHS Volunteer Employee Interpreter List

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Step 4: Document efforts to provide interpreter

- Note efforts to arrange for timely interpreter services in the case notes (HAWI) and/or log of contacts
- File in case file: DHS 5000, and DHS 5050, if needed

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Questions?

- Contact your supervisor if you have questions regarding these procedures.
- Divisions can contact the DHS Civil Rights Compliance Section for further LEP assistance at 586-4955 or gwatts@dhs.hawaii.gov

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Part III:

DHS Discrimination Complaint Process



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LEP Complaints are Treated the Same as Other Discrimination Complaints

Use:

- DHS Policy and Procedures 4.10.1
- DHS 6000 Discrimination Complaint Form
- DHS 6006 Consent/Release Form

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Discrimination Complaint Forms DHS 6000 and 6006

DISCRIMINATION COMPLAINT FORM

Name: _____ Title: _____

Employer/Department/Unit: _____

1. JOB TITLE: _____

2. BASIS OF ALLEGED DISCRIMINATION (Check appropriate box(es))

<input type="checkbox"/> Race	<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Religion
<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Citizenship
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Child Support Arrears	<input type="checkbox"/> Political Belief
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

3. Explain briefly what, if anything, you have done about the alleged discrimination.

4. Does your complaint concern alleged discrimination in service delivery? ☐ Yes ☐ No

5. Does your complaint concern alleged discrimination in employment? ☐ Yes ☐ No

6. Is the alleged discrimination against you? ☐ No ☐ Yes, by whom? _____

7. Please explain here and why you believe you were discriminated against. Please be SPECIFIC. Please include names, dates, witnesses and places of the incidents.

8. (Attach additional sheet if you require more space)

9. Is the alleged discrimination against others? ☐ No ☐ Yes, please list (Name(s), Address(es) and Phone Number(s)) _____

10. What is the specific date or period of time of the alleged discrimination?

11. Please indicate the relationship you are seeking _____

12. I will notify Department of Human Services (DHS), Personnel, Civil Rights Compliance Service (CRCS), PO Box 138, Nashville 37203-0138, if I change my address or telephone number. I agree to allow that I have read the above statements and that they are true to the best of my knowledge and belief.

PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO THE ABOVE ADDRESS.

Signature: _____ Date: _____

(rev. 3/1/2013)

CONSENT / RELEASE FORM

Your Name: _____ Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the line at the bottom of the form.

I understand that in the course of a preliminary inquiry or investigation I might become necessary for the Department of Human Services (DHS), Civil Rights Compliance Service (CRCS) to review any identity to process a complaint or to conduct an investigation. I am also aware of the obligation of CRCS to honor requests under the Freedom of Information Act (FOIA) to provide information to the public. I understand that in the course of an investigation or inquiry, I may be required to provide information, including personally identifying details, which I have provided as a part of my preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am permitted by Federal regulations and DHS policies from withdrawing the having taken action or participated in action to receive rights pursuant to non-discrimination statutes.

CONSENT GRANTED: I have read and understood the above information and authorize DHS, CRCS, to review my identity to process the complaint or to conduct an investigation and to be interviewed or to be interviewed by DHS or its representatives. I hereby authorize DHS to review and use information that I have provided to the investigation of my complaint. This release includes and is not limited to, applications, case files, personnel records and medical records. This authorization is effective the day this form is signed and dated. I understand that the information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

CONSENT DENIED: I have read and understood the above information and do not want CRCS to review my identity to process the complaint or to conduct an investigation, or to be interviewed or to be interviewed by DHS or its representatives. I understand that this is likely to make the investigation of my complaint and getting off the form more difficult and, in some cases, impossible, may result in the investigation being closed.

Signature: _____ Date: _____

Please return completed, signed and dated form to:

State of Maryland
Department of Human Services
PERSONNEL
PO Box 138
Nashville, Maryland 20889-0138

Questions may be sent to crs@dhhs.maryland.gov

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Retaliation is Prohibited

Be professional when working with someone who has filed a complaint, and continue to provide the same quality of customer service as if there were no complaint

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Levels of Investigations

The client can file a complaint with any one or more of the following:

- Internal
 - Branch/Division/Section/Unit
 - Departmental
- External
 - Hawaii Civil Rights Commission (HCRC)
 - Equal Employment Opportunity Commission (EEOC)
 - US Department of Health and Human Services (DHHS)
 - USDA/Food and Nutritional Services (FNS)
 - US Department of Justice (USDOJ)
 - US Department of Education (DOE)
 - US Department of Housing and Urban Development (HUD)

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Participating in an investigation

- Cooperate with the investigation
- Report all the facts you know:
 - Dates
 - Times
 - Witnesses
- Report these completely and truthfully

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Part IV: Summary

To provide meaningful language access,
remember to:

- Determine the language needs of the individual
- Document the offer of no-cost interpreter services
 - Complete Form DHS 5000
- Arrange for interpreter services
 - Complete Form DHS 5050
 - Follow your Division procedures
 - Don't stop until you get an interpreter
- Document: HAWI, case notes, DHS 5000, DHS 5050
- Contact Supervisor for further assistance

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Mandatory Notices 2013

- <http://humanservices.hawaii.gov>
in the Civil Rights Corner
- Mandatory Notices Checklist
and Confirmation
Q Drive in Civil Rights Folder
- Script
Q Drive in Civil Rights Folder

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Mandatory Notices Checklist and Confirmation

- [Access Hawaii Brochure](#)
- [ADA Notice](#)
- [Director Notices 2013-1](#)
- [Director Notices 2013-2](#)
- [EEO and Supplement Genetic Information](#)
- [Employment Discrimination and Other Hawaii State Notices](#)
- [Fair Housing Notice](#)
- [Harassment Notice](#)
- [Justice for All Notice](#)
- [Notice of Interpreter Services at No Cost](#)
- [Equal Opportunity Notice](#)
- [Your Rights Under USERRA](#)

DHS Nondiscrimination Multilingual Statement (Joint)

- Chinese (Mandarin or Cantonese)
- Chinese
- English
- Japanese
- Samoan
- Tagalog
- Vietnamese
- Vietnamese
- Spanish

- Food Stamp (SNAP) Nondiscrimination Statement in multi languages

Federal laws provide that willful violation of the posting requirement is punishable by a fine of not more than \$100 for each separate offense, and can be interpreted as a lack of commitment to non-discrimination policies.

- The _____ affirms that these required notices are posted at eye

(Division, Office, Agency)

level for a person seating in all public waiting areas as of _____

Date

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Signature

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What will you do differently?

- What specific actions will you take as a result of this increased awareness?
- How will you change the way you work with clients? Employees?
- Create a list of what you will do differently and put it into action
- Remember sign and date the training verification form on the next slide

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2013 Verification

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<u>Hawai'ian:</u>	E kuhikuhi mai 'oe i 'anē i ke pono ka mahele'ōlelo ('a'ōhe kāki).
<u>日本語 (Japanese):</u>	日本語の通訳が必要な方は、ここを指差してください (通訳費用はかかりません)。
<u>한국어 (Korean):</u>	통역을 필요로 하 시면 다음 약속일 전에 반듯이 통역이 필요하다고 말씀하셔야합니다. 비용은 부담않아서도됩니다.
<u>普通话(华语/國語) (Mandarin):</u>	如果您需要讲普通话的免费翻译, 请指这里。(如果您需要講國語的免費翻譯, 請指這裡。)
<u>廣東話 (Cantonese):</u>	如果您需要講廣東話的免費翻譯, 請指這裡。
<u>Ilokano:</u>	No masapulmo ti paraipatarus iti Ilokano nga awan bayadna, pakitudom ditoy.
<u>Tagalog:</u>	Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.
<u>Cebuano (Visayan):</u>	Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.
<u>Tiếng Việt (Vietnamese):</u>	Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp thông dịch viên miễn phí).
<u>မြန်မာ (Myanmar):</u>	သင်နားလည်သောစကားနှင့်, ဘာသာပြန်အလိုရှိပါက ယခုနေရာသို့ညွှန်ပြပါ။ အထက်ပါစကား အတိုက်အခံကံတခေါက်ဆက်သွယ်ရန်လိုအပ်သောလိပ်စာပါ။
<u>ภาษาไทย (Thai):</u>	กรุณาม้าที่ข้อความนี้ ถ้าคุณต้องการสามภาษาไทย (โดยที่คนไม่ต้องเสียค่าใช้จ่ายใดๆ)
<u>ភាសាខ្មែរ (Khmer):</u>	សូមបង្ហាញនៅក្នុងនេះមក បើសិនជាអ្នកត្រូវការអ្នកបកប្រែជាភាសានេះ (អ្នកមិនត្រូវការចំណាយអ្វីទាំងអស់)។
<u>ອັກສອນລາວ (Lao):</u>	ກະຣ, ນາຊ ັ້ໃສ ບ ື ອນນ ັ້ ຖ ັ້ທ ັ້ ານຕ ັ້ ອງການວ ັ້ າມພາສາລາວ (ໂດຍທ ັ້ ທ ັ້ ານບ ັ້ ຕ ັ້ ອງເສ ວິຕ ັ້ າວ ັ້ ຈ ັ້ າຍໃດໆ)
<u>Marshallese:</u>	Jouj im jitōñe ijin elañe kwoj aikuji juōñ am ri-ukok ilo kajin in (ejjelok wōñāñ ñan yuk).
<u>Chuukese:</u>	Itini awenewenan ikeei ika pwún kopwe néúnéú emén chón chiakú nón fóósun eei fénú (kosap wisenmééni noum eei chón chiakú).
<u>Chamorro:</u>	Matka pat apunta este yangen un nesisita intetpiti gi fino Chamorro (dibadi este na sitbesio).
<u>Pohnpeian:</u>	Menlau idih wasa ma ke anahne soun kawehwe (sohte isais).
<u>Kosraean:</u>	Nunak munas srisrngingac acn se nge fwín kom enenu met in top nuke kahs lom an sifacna (kom ac tia moli).
<u>Yapese:</u>	Fa'anra bet'uf bae' ninge ayweg nem nge abweg e thin rom (ni dabmu pii'pulwon) meere mog aray.
<u>Yapese (Outer Island):</u>	Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor paluwal ngalug.
<u>Samoaan:</u>	Fa'amolemole tusi lou lima i tē pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te lē totoḡiina se tupe).
<u>Tongan:</u>	Tuhu ki heni kapau 'e fiema'u ha taha ke fakatonulea 'oku ta'etotongi.
<u>Русский (Russian):</u>	Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите пальцем на это предложение.
<u>Español (Spanish):</u>	Por favor señale aquí con el dedo si necesita un intérprete (sin ningún costo para usted).

This is an important notice from the Department of Human Services (DHS), [program/ office] . Please call XXX-XXXX . When you call, you will be asked what language you speak and your call will be put on hold for an interpreter. You can also call 1-888- 764-7586 for all DHS services.	English 
這是一封從人類服務部 (DHS) [program/office] 發出的重要通知。請致電 XXX - XXXX。打電話時，你將會被詢問你所講的語言需要，然後您的通話將被擱置直至聯絡到翻譯服務。您也可以撥打 1-888 - 764- 7586 諮詢所有 DHS 的服務。	Cantonese 
Ei auchchean esinesin seni ewe putain Human Services (DHS) (program/office) . Kose mwochen kokkori xxx-xxxx. Fansoun omw kokko, epwe wor epwe eisinuk menni kapas kopwe nounow choon chiaku ren. Ka pwan tongeni kokkori 1-888-764-7586 ren meinisin peekin aninnis seni DHS.	Chuukese 
Ceci est une lettre importante de Department of Human Services (DHS) . S'il vous plaît, faire un appel téléphonique xxx-xxxx . Lorsque vous téléphonez, quelqu'un va vous demander quelle langue vous parlez, et votre appel sera mis en attente pour un interprète. Vous pouvez aussi téléphoner au 1-888-764-7586 pour tous les services de DHS.	French 
Dies ist eine wichtige Benachrichtigung von der Abteilung Menschlicher Dienste (DHS), [program/office] . Bitte Anruf XXX-XXXX. Wenn Sie rufen, werden Sie gefragt werden, welche Sprache Sie sprechen, und Ihr Anruf wird auf Wartestellung für einen Dolmetscher geschaltet werden. Sie können 1-888-764-7586 für alle DHS Dienste auch rufen..	German 
He ho'olaha ko'iko'i k(e)ia mai ka 'Oihana Lawelawe Kanaka (DHS), [program/office] . E 'olu'olu e kelepona mai i xxx-xxxx. Ke kelepona 'oe, e ninau 'ia ana 'oe he aha kau 'olelo 'oiwi a laila e kali 'oe a loa'a ke kanaka mahele 'olelo. Hiki pu ia 'oe ke kelepona i 1-888-764-7586 no na lawelawe a pau a ka 'Oihana Lawelawe Kanaka (DHS).	Hawaiian 
Ito ay mahalaga na sulat na galling sa Department of Human Services(DHS). [program/office] .Mangyaring tawagan ang XXX-XXXX. Kung kayo ay tatawag , tatanungin kung ano ang iyong wika at hintayin ninyo hanggat may sumagot na tagasalin. Pwede ninyong tumawag sa 1-888-764-7586 para sa lahat ng serbisio sa DHS.	Ilocano 
ハワイ州人道的奉仕局（略称DHS）[program/ office] からの大切な 通知です。この番号 XXX-XXX にお電話された時に、貴方がどの言語を 話されているかを聞かれます、通訳に接続されるまでしばらくお待ちください。DHS のどのサービスにも、この電話番号 1- 888 - 764 -7586 で対応いたします。	Japanese 
이것은 인간 서비스부 에서 보내는 중요한 편지입니다. [DHS] 이편지에 명시 되어있는 번호로 전화를 하십시오. 전화를 하면 당신이 사용하는 언어를 물을것이고 그언어의 통역인에게 연결 될것입니다. DHS 서비스를 받기위해 1-888-764-7586 으로 전화할수 있습니다. 이것은 인간서비스부에서 보내는 중요한 편지입니다. [program/office] and XXX- XXXX로 전화를 하십시오. 전화를 하면	Korean 
这是一封从人类服务部 (DHS) : [计划/办公室] 发出的重要信件。请致电 xxx - xxxx . 打电话时，你将会被询问你所讲的语言需要，然后您的通話將被擱置直至聯絡到翻譯服務。您也可以撥打 1-888-764- 7586 咨询所有DHS的服務。	Mandarin 
Kojela in im elap an aurok im ej itok jen ra eo an department of Human Services (DHS), [program/office] ,juoij im call e XXX-XXX. Ne kwoj call, renej kajitok ibbem kain kajin rot eo koj kenono kake im renej likit kwe ilo hold ak kottar non e ri okok eo enej uak. Komaron bareinwot call e lok 1-888-764-7586 non aolepen ra ko ilo DHS services eo.	Marshallese 
O se fa'asilasilaga ta'ua lenei mai le Ofisa o le Human Services (DHS), [program/office] ,Fa'amolemole vala'au mai i le numera xxx-xxxx . A e vili mai, o le a fesili atu po'o le a le gagana e te mo'omia, ona tu'u sa'o lea o lau telefoni i se tagata e mafai ona fesoasoani ia te oe. E mafai fo'i ona e vala'au i le numera lea, 1-888-764-7586 mo nisi 'au'aunaga mai le Ofisa o le Human Services.	Samoan 
Este es un aviso importante de la Sección de Servicios Humanos (DHS), [program /office] ,Por favor llame XXX-XXXX . Cuando usted llama, usted se preguntará qué idioma usted habla y su llamada se pondrá en espera para un intérprete. Usted también puede llamar 1-888-764-7586 para todos los servicios de DHS.	Spanish 
Ito ay mahalaga na sulat na galling sa Department of Human Services (DHS). [program/office] .Mangyaring tawagan ang XXX-XXXX. Kung kayo ay tatawag , tatanungin kung ano ang iyong wika at hintayin ninyo hanggat may sumagot na tagasalin. Pwede ninyong tumawag sa 1-888-764-7586 para sa lahat ng serbisio sa DHS.	Tagalog 
Ko e tohi mahuinga ko eni, mei he Department of Human Services (DHS). [program/office] . Katakai o' ta mai kihe XXX - XXXX. Ihe taimi oku fikhoko 'ai'ae telefoni, e kole atu leva, pe ko e ha'ae le'a ho'o matakali. E kole atu leva keke tatali ka'e fikhoko ho'o telefoni kiha taha e malava o fiktonu lea atu kiate koe i ho'o lea fikfona. Oku malava pe keke telefoni kihe fika ko eni. 1-888-764-7584. O' kapau oku ke fie'ia'au ha tokoni pe ko e fie'ilo kiha toe me'a fekau'oki moe DHS Services.	Tongan 
Đây là một thông báo quan trọng từ Bộ Dịch vụ Nhân sinh (DHS), [chương trình / văn phòng] . Xin vui lòng gọi XXX-XXXX . Khi bạn gọi, bạn sẽ được hỏi những gì bạn nói ngôn ngữ và cuộc gọi của bạn sẽ được giữ lại trong một thông dịch viên. Bạn cũng có thể gọi 1-888 - 764-7586 cho tất cả các dịch vụ DHS.	Vietnamese Việt Nam
Kini importante nga sulat gikan sa Department of Human Services (DHS), (program/office) . Palihug tawagi ang XXX-XXXX . Sa imong pagtawag, ikaw pangutan-on kun unsa ang imong pinulongan ug ang imong tawag ilang ipahulat para sa usa ka taghubad sa pinulongan. Mahimo usab nga imong tawagan ang 1-888-764-7586 para sa tanang mga serbisyo sa DHS.	Visayan 

NOTICE

Free Interpreter Services

available to assist with access to
DHS services
call:

Toll-Free 1-888-764-7586.



免費的翻譯員服務, 以幫助 DHS
的服務, 請打免費電話 1-888-764-7586.



DHS (후생국)의 서비스들을 받기 위해서 무료 통역
서비스를 이용할 수 있으며 무료-직통전화
1-888-764-7586으로 연락하세요.



Mei or ei neni ka tongeni kokori ika pwe ke
mochen nounou chon chikau ese kamo ei
neni itan DHS nampan 1-888-764-7586.



Adda Libre a Serbisyo dagiti Interpreter nga
tumolong a sumrek kadagiti serbisyo ti
DHS. Tawag 1-888-764-7586

BASIS FOR THE POLICY

This fundamental policy concerning equal Services opportunity shall be applied within the parameters of Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans With Disabilities Act of 1990, and the Hawaii Revised Statutes, including and not limited to, 371 and 378, as revised in 2006.

QUESTIONS?

Write or call the Department of Human Services Civil Rights Compliance Staff:

Civil Rights Office
Queen Liliuokalani Building
1390 Miller Street
Honolulu, Hawaii 96813

Phone: 586-4955
TTY: 586-4950
Fax: 586-4990

E-mail: gwatts@dhs.hawaii.gov

August 2011
DHS 050

B. Personnel Office
Civil Rights Compliance Staff
P. O. Box 339
Honolulu, Hawaii 96809-0339

C. Discrimination complaints may also be filed concurrently with the following agencies:

U. S. Department of Health & Human Services, Region IX
Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103-6705
(Financial & Medical Assistance)

U. S. Department of Agriculture
Director OCR, Room 326-W, Whitten
1400 Independence Avenue, SW
Washington, D. C. 20250-9410
(202) 720-5964 and Regional
90 7th Street, Suite 10-100
San Francisco, CA 94103
(Supplemental Nutrition Assistance Program (SNAP))

U. S. Department of Education
Region IX, Office of Civil Rights
915 Second Avenue, #3310
Seattle, WA 98174-1099
(Vocational Rehabilitation Services)

U. S. Department of Justice
Office of Civil Rights
810 7th Street, NW
Washington, D.C. 20531
(Youth Services)

U. S. Department of Housing and Urban Development
Office of Civil Rights
451 7th Street, SW
Washington, D. C. 20410
(Housing/HPHA)



ACCESS HAWAII

Department of Human Services

Services to the Public:

Your Rights

Our Responsibilities

Civil Rights Brochure
Alternative Formats Call:
(808) 586-4950

DEPARTMENT OF HUMAN SERVICES' POLICY

It is the policy of the Department of Human Services (DHS) that all individuals shall be provided an equal opportunity to participate in programs, activities and services of the DHS without regard to race color, national origin, age, disability, sex, political beliefs or religion.

This policy applies to all organizational divisions, agencies and/or commissions and organizations that receive State or Federal funds through contracts or other arrangements with the DHS.

State and Federally-funded programs must be planned and administered such that they do not have the effect of denying services and/or participation in the program to any particular person or groups of persons. For example, materials such as notices and brochures written only in English, may have the effect of denying services or participation in a program to limited and non-English speaking persons. Similarly, architectural barriers to DHS offices may have the effect of preventing persons with disabilities from accessing our services.

DISCRIMINATION

There are many forms of discrimination, both overt and subtle, that may adversely affect individuals or groups' opportunity to gain equal access to services. These include:

Alternative Formats Call: (808) 586-4950

➤ treating individuals differently in the determination of eligibility for services;

➤ segregating or subjecting individuals to separate services or different treatment, which does not provide equal access to services;

➤ failing to provide language interpreter services for limited or non English speaking individuals or sign language interpreters for persons with hearing or speech impairments; and

➤ establishing hours of service that have an adverse effect on certain groups of individuals.

EMPLOYEE RESPONSIBILITIES

All employees are responsible for the implementation of the DHS' equal service opportunity policy (4.10.3). This includes, and is not limited to:

- ☐ treating all individuals equally and courteously; and
- ☐ informing persons of their right to equal service opportunity and their right to free interpreter service as well as their right to file a discrimination complaint when they feel their civil rights have been violated and/or an internal complaint when they feel they have been treated unfairly.

Alternative Formats Call: (808) 586-4950

Any employee who intentionally obstructs the DHS' objective of providing equal access to services shall be subject to disciplinary action.

Program Administrators are

Responsible for determining the needs of the population they serve considering language, culture, and physical accessibility needs, and planning programs that are consistent with those needs and in compliance with the law.

Supervisors are responsible for ensuring that their staff are aware of their responsibility to treat all clients equally and fairly, and to provide assistance to persons with special needs. Supervisors shall also ensure that clients are informed of their right to nondiscriminatory services.

COMPLAINT PROCEDURES

4.10.1

Persons who feel they have been treated unfairly because of their race, color, national origin, age, disability, sex, political beliefs or religion, may file a discrimination complaint (DHS forms 6000 & 6006). Concurrent complaints may be filed with appropriate Federal and State Agencies within stated timeframes. Written complaints may be filed with:

A. the respective Program

Administrator w/ copy to Director;

INTERPRETER FORM

Name: _____ Language: _____

Phone No.: _____ E-mail Address: _____

DHS Division/Branch/Section/Unit: _____

DHS Position Title: _____

Company: _____

Address: _____

For DHS Staff Volunteer Interpreter:

☐ I would like to be on the DHS list of volunteer interpreters. I will inform the DHS Personnel Office, Civil Rights Compliance Staff, if I no longer want to volunteer as an interpreter.

☐ I do not want to be on the DHS List of Volunteer Interpreters; however I will provide interpreter services for _____.

For Family And Friends Providing Interpreter Services:

Name of person you are interpreting for: _____

Your relationship to the person you are interpreting for: _____

I state that the following are true:

☐ I have read and understand the Interpreter Code of Ethics (on the back of this form), and agree to follow it when providing interpreter services;

☐ I am 18 years of age or older; and,

Check as applicable:

Fluency:
Fair Good Excellent

<input type="checkbox"/> I can communicate in English and the language listed above;	_____	_____	_____
<input type="checkbox"/> I can interpret to and from English and the language listed above;	_____	_____	_____
<input type="checkbox"/> I can translate written English to the language listed above;	_____	_____	_____
<input type="checkbox"/> I can translate the written language listed above to English;	_____	_____	_____

Unless otherwise approved by DHS, I understand that my services are voluntary and I will not receive extra pay from DHS for providing interpreter services.

(Signature)

Date

Interpreter Code of Ethics

1. Accuracy

- a. Interpreters shall convey the message and tone of the speakers accurately and completely, without adding or deleting anything.
- b. Interpreters shall accurately interpret offensive language, obscenities, and sexual terminology and shall maintain composure while interpreting in emotionally charged situations.
- c. Interpreters shall seek clarification when needed.
- d. Upon recognizing that a communication may have been misunderstood, interpreters may bring the possible misunderstanding to the attention of the provider, who will decide how to resolve it. (Not to be done in legal proceedings.)

2. Confidentiality

- a. Interpreters shall keep confidential all assignment-related information and shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials.

3. Impartiality

- a. Interpreters shall refrain from accepting an assignment when family, personal or professional relationships affect impartiality.
- b. Interpreters shall reveal any relationship with a party that might be perceived as a conflict of interest.
- c. Interpreters shall demonstrate respect toward all persons involved in the interpreting situation and shall act in a manner that is neutral, impartial, unbiased and culturally sensitive.

4. Role Boundaries

- a. Interpreters shall use first person speech to help facilitate as much direct communication as possible.
- b. Interpreters shall maintain proper role boundaries, avoiding all unnecessary contact with the parties during and outside the interpreting situation.
- c. Interpreters shall not interject personal opinions or give counsel or advice to individuals for whom they are interpreting.

5. Professionalism

- a. Interpreters shall arrive punctually at the appointed location, prepared and dressed appropriately.
- b. Interpreters hired by an agency shall not promote their own business directly with the agency's customers or accept/request gratuities or additional fees from them.
- c. Interpreters shall accurately represent their qualifications, training and experience, and shall refrain from accepting assignments for which they are not qualified.
- d. Interpreters shall participate in continuing education programs when available.
- e. Interpreters seek evaluative feedback in order to improve their performance.

*Adopted from Dr. Suzanne Zeng, Center for Interpretation and Translation Studies, University of Hawaii
Revised June 2009*

**OFFER AND ACCEPTANCE OR WAIVER OF
FREE INTERPRETER SERVICES**

Case Name: _____ Case Number: _____
Worker: _____ Unit: _____
Phone: _____

The Department of Human Services (DHS) has offered an interpreter at no cost to me, if English is not my primary language.

1.	ENGLISH is my primary language:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<input type="checkbox"/> I do not need an interpreter. If you do not need an interpreter go to part 4 and sign below: <input type="checkbox"/> I need an interpreter for the following language: _____ If you need an interpreter, go to part 3, and check the box that applies to you.		
3.	<input type="checkbox"/> I want DHS to provide an interpreter at no cost to me. <input type="checkbox"/> I do not want an interpreter provided by DHS, and I will provide my own. <ul style="list-style-type: none">• I understand that DHS may secure an independent interpreter to observe my interpreter to ensure the accuracy of the communications.• I understand that the use of family or friends as interpreters may not be the most effective way to help me access the benefits and services that DHS provides.• I understand that DHS does not recommend the use of family members or friends as interpreters and prohibits the use of minors (no one under age 18) as interpreters.• I understand that if I do not want interpreter services at this time, I have the right to change my mind in the future and have DHS provide free interpreter services at that time or bring an interpreter of my choice.		
4.	I have read and understand the information on this form. If I have questions or concerns, I can contact the worker listed above.		
Print Name: _____			
Signature: _____		Date: _____	

Civil Rights Monitoring Checklist

(Required Annually of OJP-Funded Contractors)

OYS Contract Number:	
Contractor Name:	OJJDP Grant Award Number:
Contract Period:	

Total Award Amount:	
----------------------------	--

1	During this budget period, has OYS seen this Contractor's current Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. section 42.301-.308?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
2	Has this provider submitted an EEOP Short Form to the Office for Civil Rights (OCR), Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), if required by 28 C.F.R. section 42.301-.308? If the provider is not required to submit an EEOP Short Form to the OCR, has it submitted a certification form to the OCR claiming a partial or complete exemption from the EEOP requirements? If the provider prepared an EEOP Short Form, on what date did the provider prepare it?	<input type="checkbox"/> Yes – submitted EEOP Short Form <input type="checkbox"/> Yes – submitted a certification <input type="checkbox"/> No
3	How does the provider notify program participants and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g. posters, inclusion in brochures or other program materials, etc.)? Comments:	
4	How does the provider notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, and disability in employment practices (e.g. posters, dissemination of relevant orders or policies, inclusion in recruitment materials, etc.)? Comments:	
5	Does the provider have written policies or procedures in place for notifying program beneficiaries how to file complaints alleging discrimination by the provider with the Hawaii Civil Rights Commission or the OCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	If the provider has 50 or more employees and received DOJ funding of \$25,000 or more, has the provider taken the following actions: a. Adopted grievance procedures that incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing	<input type="checkbox"/> A. Yes <input type="checkbox"/> A. No <input type="checkbox"/> B. Yes <input type="checkbox"/> B. No

	<p>Section 504 of the Rehabilitation Act of 1973, found at 28 C.F.R. Part 42, Subpart G, which prohibits discrimination on the basis of a disability in employment practices and the delivery of services.</p> <p>b. Designated a person to coordinate compliance with the prohibitions against disability discrimination contained in 28 C.F.R. Part 42, Subpart G.</p> <p>c. Notified participants, beneficiaries, employees, applicants, and others that the provider does not discriminate on the basis of disability.</p>	<input type="checkbox"/> C. Yes <input type="checkbox"/> C. No
8	<p>If the provider operates an education program or activity, has the provider taken the following actions:</p> <p>a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing Title IX of the Education Amendments of 1972, found at 28 C.F.R. Part 54, which prohibits discrimination on the basis of sex.</p> <p>b. Designated a person to coordinate compliance with the prohibitions against sex discrimination contained in 28 C.F.R. Part 54.</p> <p>c. Notified applicants for admission and employment, employees, students, parents, and others that the provider does not discriminate on the basis of sex in its educational programs or activities.</p>	<input type="checkbox"/> A. Yes <input type="checkbox"/> A. No <input type="checkbox"/> B. Yes <input type="checkbox"/> B. No <input type="checkbox"/> C. Yes <input type="checkbox"/> C. No
9	<p>Has the provider complied with the requirements to submit to the OCR any findings of discrimination against the provider issued by a federal or state court or federal or state administrative agency on the grounds of race, color, religion, national origin, or sex?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No.
10	<p>What steps has the provider taken to provide meaningful access to its programs and activities to persons who have limited English proficiency (LEP)?</p> <p>Comments, including an indication of whether the provider has developed a written policy on providing language access services to LEP persons:</p>	
11	<p>Does the provider conduct any training for its employees on the requirements under federal civil rights laws?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<p>Does the provider need any civil rights training or technical assistance regarding its duties to comply with the applicable civil rights laws?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	<p>If the provider conducts religious activities as part of its programs or services, does the provider do the following:</p> <p>a. Provide services to everyone regardless of religion or religious belief.</p>	<input type="checkbox"/> A. Yes <input type="checkbox"/> A. No <input type="checkbox"/> B. Yes

	<p>b. Ensure that the provider does not use federal funds to conduct inherently religious activities, such as prayer, religious instruction, or proselytization, and that such activities are kept separate in time or place from federally-funded activities.</p> <p>c. Ensure that participation in religious activities is voluntary for beneficiaries of federally-funded programs.</p>	<input type="checkbox"/> B. No <input type="checkbox"/> C. Yes <input type="checkbox"/> C. No
--	---	---

14	Please provide below the contact information for the person responsible for submitting any findings of discrimination to the Office for Civil Rights.	
	Last Name, First Name:	
	Street Address:	
	City, State, Zipcode:	
	Telephone Number:	
	Fax Number:	

Comments:

OYS Monitor Signature

Date

Self-Assessment Checklist for Public Programs

ASSESSMENT AREA	YES	NO	COMMENTS
Conducting Preliminary and Ongoing Assessment for Informed Planning			
1. Has your agency conducted an assessment of the language needs of the general or eligible population in the local service area? (number of LEP individuals, languages spoken and/or linguistically-isolated households)			
a. If so, what data sources have you used:			
Census/American Community Survey			
School District			
Labor Market Information			
Community Organizations			
Other (please specify)			
2. Has your agency conducted an assessment of its capacity to serve LEP populations?			
a. Can you identify the languages spoken by current staff?			
b. Is there a way to measure the proficiency level of bi/multilingual staff?			
c. Are bi/multilingual staff assigned according to ongoing community language needs?			
Implementing a Language Access Plan			
3. Evaluating a client's first interaction with your agency:			
a. Are there bi/multilingual signs easily visible at the reception area or office?			
b. Are there pictorial signs for low-literacy/illiterate LEP clients easily visible at the reception area or office?			
c. Are frontline staff bi/multilingual?			
d. Are bi/multilingual telephone lines available to clients at this office?			
e. Is your website bi/multilingual?			
f. Have you partnered with community-based organizations to inform them about the linguistic accessibility of your program?			
4. Tracking a client's language preference:			
a. Is there a mechanism to track language preferences of LEP individuals over time?			
b. If so, does your tracking mechanism enable LEP individuals to receive communications and services in their native languages?			

ASSESSMENT AREA	YES	NO	COMMENTS
5. Determining if there are sufficient numbers of bi/multilingual staff members:			
a. Are there procedures for assessing and certifying individual staff language skills?			
b. Are there policies for aligning bi/multilingual staff members' skills (oral or written) with LEP program needs?			
c. Are bi/multilingual staff culturally competent?			
d. Has your agency developed clear compensation and retention policies for bi/multilingual staff?			
e. Has your agency participated in recruitment programs for bi/multilingual staff?			
6. Obtaining competent and qualified interpreters:			
a. Are your interpreters fluent in both languages and familiar with relevant vocabulary?			
b. Do your interpreters possess the appropriate skills for the particular context?			
c. Do your interpreters understand applicable ethical principles?			
d. Are your interpreters culturally competent?			
e. Are there procedures to ensure that interpreters are available in a timely manner?			
7. Training Agency Staff			
a. Are staff trained in the agency's policies and procedures for obtaining language assistance?			
b. Are <i>all</i> staff trained to interact with LEP individuals and their interpreters?			
c. Do staff receive training in cultural competence?			
d. Are staff trained on the complaint procedure for LEP clients alleging discrimination on the basis of national origin?			
e. Are staff language access trainings scheduled at regular intervals to update staff knowledge and include new employees?			

ASSESSMENT AREA	YES	NO	COMMENTS
8. Translating Written Documents			
a. Are there procedures in place for identifying vital documents?			
b. Are there procedures in place for ensuring that translations are accurate and understood by the target population?			
c. Is there a mechanism to track and update translated documents?			
d. Has your agency created a plan to disseminate vital translated documents within your agency?			
e. Has your agency created a plan to disseminate vital translated documents to the broader public?			
Evaluating Your Language Access Plan			
9. Ongoing Monitoring, Feedback & Improvement			
a. Are there staff dedicated to monitoring or providing technical assistance to your language access plan?			
b. Are evaluations scheduled at regular intervals?			
c. Does your agency solicit feedback from community-based organizations on a regular basis?			
d. Does your agency survey its LEP clients on a regular basis?			
10. Ongoing Data Collection			
a. Are there staff dedicated to collecting program data?			
b. Does the agency collect data on the number of LEP individuals served?			
c. Does the agency collect demographic data on LEP individuals served or encountered in the eligible service population?			
d. Does the agency monitor how much is spent on their language access plan?			
11. Is there a Task Force or Oversight Committee that assists your agency in monitoring and implementing the language access plan?			

ASSESSMENT AREA	YES	NO	COMMENTS
Resolving Complaints			
12. Establishing Complaint Procedures			
a. Has your agency developed procedures for investigating complaints alleging discrimination on the basis of national origin?			
b. Are complaint procedures translated and accessible to LEP clients?			
1. Posted signs at intake areas			
2. Resource areas			
3. Client file			
4. Written notices			
5. Explained during orientation/intake			
6. Other (specify)			
Conducting Ongoing Outreach to LEP Residents			
13. Has your agency established partnerships with community-based or advocacy organizations to increase LEP participation?			
14. Has your agency established partnerships with community-based or advocacy organizations to advertise bi/multilingual employment opportunities?			
15. Has your agency publicized its program through ethnic media?			
Building External and Internal Support for Equal Access Policies			
16. Are there funds dedicated to providing language access services in your agency?			
17. Is middle and senior management aware of and dedicated to providing language access to LEP individuals?			